



PHD

An International Study of Tobacco and Alcohol Marketing Policy: Industry Influence and Compliance

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An International Study of Tobacco and Alcohol Marketing Policy: Industry Influence and Compliance

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A thesis submitted for the degree of Doctor of Philosophy

University of Bath
Department for Health

December 2014

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Abstract

Tobacco and alcohol are responsible for an estimated 12.5% of global deaths, a percentage which is set to rise. Evidence shows that tobacco and alcohol industry marketing influences smoking and drinking initiation and prevalence, and although tobacco marketing is increasingly regulated (including through the Framework Convention on Tobacco Control (FCTC), a legally binding global treaty) controls on alcohol marketing remain more limited.

There are three novel strands to this thesis. First, systematic reviews examining how the tobacco and alcohol industries have attempted to influence marketing regulations, and the development of two new taxonomies for tactic and argument categorisation. Second, a statistical analysis of the tobacco and alcohol marketing environments across a diverse range of countries, including the extent of any geographic or urban/rural differences. And third, an assessment of tobacco and alcohol industry compliance with national marketing regulations.

Substantial commonalities between tobacco and alcohol industry activity were identified, suggesting that alcohol policy may benefit from reproducing efforts in tobacco control aimed at excluding industry from policy discussions. Additionally, data analysis showed that there were high levels of tobacco marketing despite FCTC ratification, and that exposure to alcohol marketing was even higher. Tobacco marketing was greatest whereas alcohol marketing was lowest in lower income countries, and both were significantly more common in urban communities. All FCTC-ratified countries had some tobacco marketing bans in place, whereas few countries had any comprehensive bans on alcohol marketing. Compliance was often poor, and exposure to tobacco marketing was commonly higher within countries with a full or partial ban compared to those without, whereas all forms of alcohol marketing were lower in countries with a full ban or some restrictions. The high levels of tobacco and alcohol marketing, and the generally low levels of compliance, highlight the urgent need for countries to implement and enforce comprehensive marketing controls, and supports calls for an FCTC-equivalent for alcohol.

Relevant publications

Journal publications

- **Savell, E.**, et al., *submission to The Lancet imminent*. The Global Tobacco Marketing Environment: Data from 462 communities across 16 countries from the Environmental Profile of a Community's Health (EPOCH) study.
- **Savell, E.**, Fooks, G., and Gilmore, A.B., *under review*. How does the alcohol industry attempt to influence marketing regulations? A systematic review. *Addiction*
- **Savell, E.**, Gilmore, A.B., and Fooks, G., 2014. How does the tobacco industry attempt to influence marketing regulations? A systematic review. *PLOS ONE*, 9(2)
- Smith, K.E., **Savell, E.**, and Gilmore, A.B., 2013. What is known about tobacco industry efforts to influence tobacco tax? A systematic review of empirical studies. *Tobacco Control*, 22(2)
- Gilmore, A.B., **Savell, E.**, and Collin, J., 2011. Public Health, Corporations and the New Responsibility Deal: Promoting Partnerships with Vectors of Disease? *Journal of Public Health*, 33(1)

Conference presentations and posters

- Gilmore, A.B., and **Savell, E.**, 2014. The Tobacco Marketing Environment. *Presentation at: Prospective Urban Rural Epidemiology (PURE) Investigators Meeting*, 4th August 2014, Lisbon, Portugal
- Gilmore, A.B., and **Savell, E.**, 2013. The Health Impacts of Tobacco and Alcohol Industry Conduct. *Presentation at: Prospective Urban Rural Epidemiology (PURE) Investigators Meeting*, 22nd June 2013, Hamilton, Ontario, Canada
- **Savell, E.**, Gilmore, A.B., and Fooks, G., 2012. How do tobacco and alcohol companies attempt to influence marketing regulations? A systematic review. *Poster presented at: Population Health – methods and challenges*, 24th-26th April 2012, Birmingham, UK (Prize: Early Career Researcher Award)
- **Savell, E.**, 2011. Understanding the Tobacco and Alcohol Industries: corporate marketing and health behaviours. *Presentation at: UKCTCS Postgraduate Student Conference 2011*, 21st-22nd November 2011, Bath, UK

- **Savell, E.**, 2011. Understanding the Tobacco and Alcohol Industries: corporate marketing and health behaviours. *Presentation at: University of Bath Postgraduate Research Student Presentations*, 16th November 2011, Bath, UK
- Gilmore, A.B., Fooks, G., and **Savell, E.**, 2011. Understanding the Tobacco and Alcohol Industries: Implications for Policy. *Presentation at: Tobacco and Alcohol: Learning from each other*, 12th-13th October 2011, Cardiff, UK

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I would like to thank my family and friends for always offering sound advice, and for never doubting that I would make it. Thank you for believing in me.

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Declaration of work completed in conjunction with others

Chapters 5 and 6 present two systematic reviews. Systematic review best practice requires multiple tasks, including testing inclusion/exclusion criteria and reviewing a proportion of included articles to ensure consistency, to be completed by multiple individuals[5, 6]. Although I wrote the initial inclusion/exclusion criteria for each review, completed all of the literature searches, and was the first reviewer for all articles, two of my PhD supervisors each reviewed a proportion of the articles, piloted and agreed the inclusion/exclusion criteria, and were involved in detailed discussions where there were disagreements regarding article categorisation and taxonomy categories. The review methodologies are further detailed in Part 2.

Additionally, the Environmental Profile of a Community's Health (EPOCH) data used within Chapters 9-12 are secondary data that I obtained from the Population Health Research Institute (part of McMaster University and Hamilton Health Sciences) in Canada. I played no role in the design of the EPOCH study or in the primary data collection. The EPOCH study is outlined in Chapter 8.

Acronyms and abbreviations

AI	Alcohol Industry
ASH	Action on Smoking and Health
BAT	British American Tobacco
CI	Confidence interval
CNTC	China National Tobacco Corporation
CSR	Corporate social responsibility
DALYs	Disability-adjusted life years
EC	European Community
EPOCH	Environmental Profile of a Community's Health study
EU	European Union
EUCAM	European Centre for Monitoring Alcohol Marketing
FCAC	Framework Convention on Alcohol Control
FCTC	Framework Convention on Tobacco Control
FDA	Food and Drug Administration (USA)
FSU	Former Soviet Union
GATS	Global Adult Tobacco Study
GATT	Global Agreement on Tariffs and Trade
GDP	Gross domestic product
Global Strategy	WHO global strategy to reduce the harmful use of alcohol
GYTS	Global Youth Tobacco Study
HIC	High income country
IAC Study	International Alcohol Control Study
ICAP	International Centre for Alcohol Policies
Imperial	Imperial Tobacco
IRR	Incidence rate ratio
ITC Project	International Tobacco Control Project
ITPMS	International Tobacco Products Marketing Standards

JTI	Japan Tobacco International
LIC	Low income country
LMIC	Lower-middle income county
MBC	Miller Brewing Company
MIC	Middle income county
MNC	Multinational companies
MSA	Master Settlement Agreement
NCDs	Non-communicable diseases
NCI	National Cancer Institute
NGO	Non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
OGCS	Overall good compliance score
OR	Odds ratio
PM	Philip Morris
PMI	Philip Morris International
POS	Point-of-sale
PURE	Prospective Urban Rural Epidemiology study
RGCS	Rural good compliance score
RJR	R.J. Reynolds Tobacco
RTD	Ready-to-drink
RYO	'Roll your own' cigarettes
SAO	Social aspect organisation
TI	Tobacco Industry
TPD	Tobacco Products Directive
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UAE	United Arab Emirates
UGCS	Urban good compliance score
UK	United Kingdom

UMIC	Upper-middle income county
UN	United Nations
US and USA	United States of America
WHA	World Health Assembly
WHO	World Health Organisation
WTO	World Trade Organisation

PART 1: INTRODUCTION AND BACKGROUND LITERATURE

Chapter 1: Overview of Thesis

1.1 Overview of Thesis

The 2011 United Nations (UN) High-Level Meeting on Non-Communicable Diseases (NCDs) was unprecedented; only 28 high-level meetings had previously occurred and only one of these had focussed on a health issue (HIV/AIDS)[2]. Four main types of NCDs, in terms of their contribution to global mortality, were discussed: cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases[7]. The four main risk factors common to all of these NCDs were identified as tobacco use, unhealthy diets, physical inactivity, and the harmful use of alcohol[7, 8]. If these main risk factors were lessened, these NCD's would be largely preventable. This thesis focuses on two of these risk factors: tobacco and alcohol.

Tobacco and alcohol are responsible for a large (approximately 12.5% of global deaths[9]) and growing proportion of the global burden of disease. An important challenge for public health advocates and policymakers is, therefore, to reduce tobacco and alcohol use across the world, a challenge which, in turn, requires an understanding of the tobacco and alcohol industries (TI and AI). As stated in a recent editorial[10], there is “a pressing need to improve our understanding of how corporations contribute to this disease burden, both directly through the promotion of products damaging to health and indirectly through influence over public policy”; this thesis addresses both of these elements.

Efforts by public health advocates to minimise the damage from products which have the potential to harm health are undermined by “large, well-funded, organized corporate opposition”[11]. Freudenberg and Galea[12] claim that in the United States of America (US/USA) “[c]orporate managers have made decisions that have contributed to tens of thousands of preventable deaths, injuries, and illnesses”. Although not all the deaths associated with a particular product can be attributable directly to the corporation[13], the corporation clearly plays an important role by producing and promoting their products and influencing regulation that governs their conduct.

The TI and AI commonly use corporate practices that have been shown to increase morbidity and mortality such as the targeting of marketing towards young people, designing and promoting products to appeal to new markets including youth, sponsorship (AI sponsorship of sporting events aims to create the ‘norm’ that sports

and alcohol go together), opposing public health legislation, misrepresenting and withholding evidence relating to the health impacts of their products, shifting focus away from their corporate practices and towards consumer responsibility (for example, excessive consumption), and making their products more available in low-income communities[14-16].

As marketing is the main way in which companies communicate with current and potential consumers, and has been shown to have a direct effect on tobacco and alcohol consumption[17-23], this thesis is about TI and AI marketing. The following section will outline the structure of the thesis.

1.2 Chapter Summaries

Part 1 provides introductory and background information regarding the tobacco and alcohol epidemics, the TI and AI, the different types of industry marketing, what is already known about the impact and extent of TI and AI marketing, an introduction to global tobacco and alcohol marketing-related regulations, and how industry attempts to influence regulation. This information provides the necessary background to situate the analysis presented in Parts 2 and 3, and the discussion and conclusion presented in Part 4.

Part 2 aims to understand how the TI and AI attempt to influence policies that intend to curb industry marketing practices. To meet this aim, systematic reviews of both TI (Chapter 5) and AI (Chapter 6) political activity are completed. Two new taxonomies for tactic and argument categorisation are developed through these systematic reviews, the final versions of which are presented in Chapter 7. Chapter 7 also outlines the similarities and differences in TI and AI political activity when they attempt to influence marketing regulations.

Part 3 focuses on analysis of the Environmental Profile of a Community's Health (EPOCH) study data. Chapter 8 outlines the EPOCH study, which is the main data used in Chapters 9-12. Chapters 9 and 10 focus on the TI. Chapter 9 describes and explores the nature of the tobacco marketing environment across and within 16 countries, and Chapter 10 outlines levels of tobacco marketing regulations and explores levels of TI regulatory compliance within these same 16 countries. Chapters 11 and 12 focus on the AI. Chapter 11 describes and explores the nature of the alcohol marketing environment across and within 13 countries, and Chapter 12 outlines levels of alcohol marketing regulations and explores levels of AI regulatory compliance within 16 countries. Chapter 13 builds on the findings from

Chapters 9-12 and presents comparisons of the similarities and differences in the amount of tobacco and alcohol marketing within the EPOCH countries, the number of tobacco and alcohol marketing regulations in place within the 16 countries, and levels of TI and AI regulatory compliance.

Part 4 brings together the findings from Parts 2 and 3. The main findings and policy implications of the work presented in the thesis are first discussed, followed by an outline of the limitations and recommendations for future research. Chapter 14 then revisits the thesis' objectives and ends with a final discussion about TI and AI global policy.

Chapters 5, 6, 9 and 11 are closely based on published, submitted and completed papers. Chapter 5 has been published in *PLOS ONE*, Chapter 6 is under review by *Addiction*, Chapter 9 will shortly be submitted to *The Lancet*, and Chapter 11 has been prepared for submission.

1.3 Thesis Aim and Objectives

The specific aim and objectives of this thesis are as follows:

The aim of this thesis is:

To develop understanding of the tobacco and alcohol industries as determinants of health by exploring how they attempt to influence marketing regulations, their marketing practices, the extent to which they comply with marketing policy, and whether these practices differ by geography (between and within countries) and by industry.

This aim will be met through the completion of the following seven objectives:

1. To collate and describe background information and data relevant to objectives 2-6.
2. To use the existing literature to systematically review the ways in which the tobacco and alcohol industries have attempted to influence marketing policies globally, identifying similarities and differences by industry and geography.
3. To develop taxonomies to categorise the tactics and arguments used by the tobacco and alcohol industries when they attempt to influence

marketing policies, and to develop the taxonomies in a way which allows them to be applied to other policy areas and industries.

4. To use new data to examine levels of tobacco and alcohol industry marketing across and within a diverse range of countries, the nature of this marketing, and the extent to which it varies by industry, country, level of development (high income, upper-middle income, lower-middle income, and low income), and urban and rural communities.
5. To explore the extent of tobacco and alcohol marketing regulations across a diverse range of countries.
6. To use new data to explore the extent to which the tobacco and alcohol industries comply with marketing regulations across and within a diverse range of countries, identifying whether this varies by industry, country, level of development (high income, upper-middle income, lower-middle income, and low income), and urban and rural communities.
7. To explore the implications of the findings for global tobacco and alcohol control policy.

Chapter 2: Tobacco and Alcohol, and the Determinants of Health

2.1 Prevalence of Tobacco and Alcohol Use, and Tobacco and Alcohol's Impact on Health

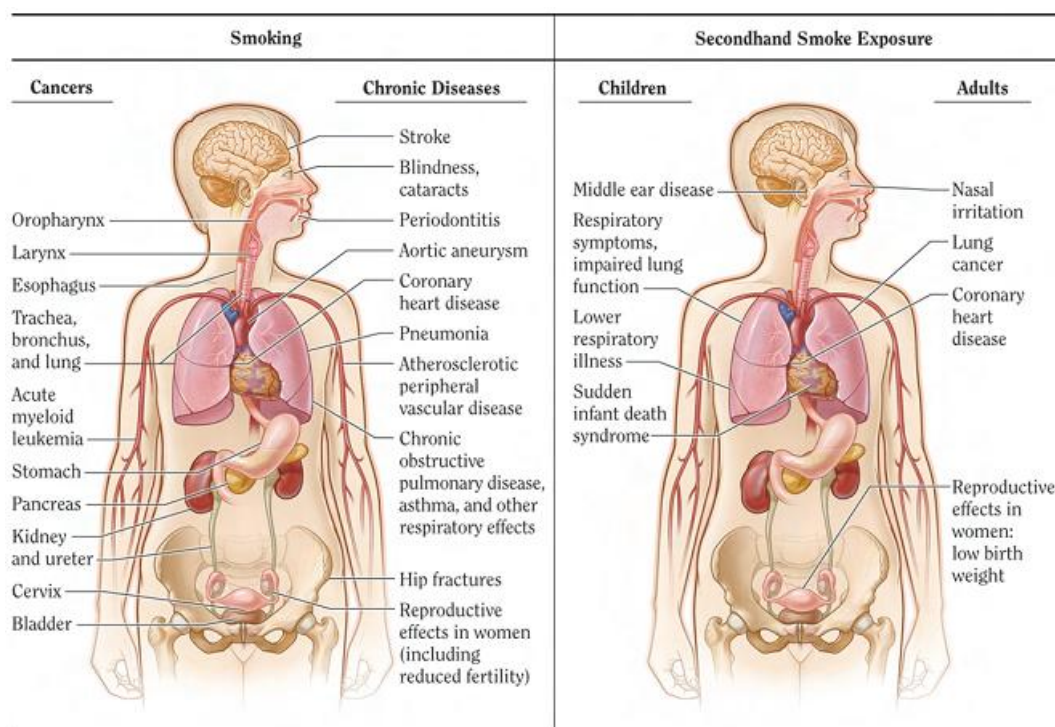
2.1.1 Tobacco

Tobacco is the only consumer product that kills half of its long-term users[24, 25] when used exactly as the manufacturers intend. Between 2002 and 2011, approximately 50 million people worldwide were killed as a result of using tobacco products[2]. A 2010 report by the US Surgeon General stated that “[t]here is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product”[26]; tobacco smoke contains over 7,000 chemicals, many of which are toxic to humans and at least 69 of which are carcinogenic[2].

Smoking is addictive and causes a wide range of diseases including lung cancer, heart disease, bronchitis, emphysema, stroke, and can affect fertility[27]. Although the relationship between smoking and lung cancer is the most well-known, and has the largest impact (smoking causes almost 90% of all lung cancer deaths[28]), smoking also causes cancer of the mouth, lip, throat, bladder, kidney, stomach and liver; in total approximately one in three of all deaths from cancer can be attributed to smoking[28].

Smoking does not only affect the smoker; exposure to other people's tobacco smoke (secondhand smoke) has also been shown to cause ill-health and death. Secondhand smoke is estimated to cause 600,000 deaths per year globally[28] and, as with direct smoking, there is no safe level of exposure[24]. Figure 1 shows the main health outcomes linked to smoking and secondhand smoke exposure.

Figure 1: Health outcomes linked to smoking and secondhand smoke exposure

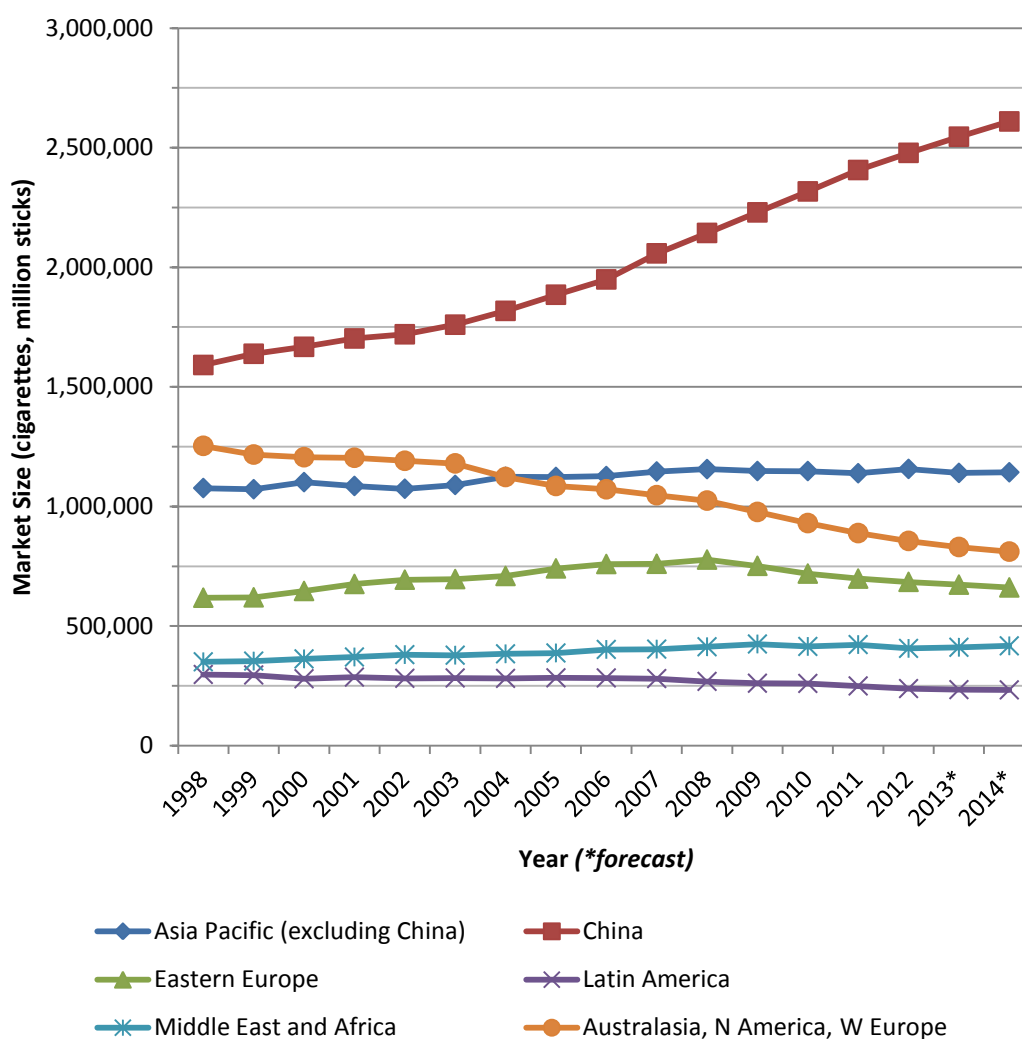


(Source [26])

Globally tobacco is responsible for 9% of all deaths, and is the world's second largest killer after high blood pressure[9]. It is the leading cause of death in high income countries (HICs) (responsible for 18% of deaths), the second largest killer in middle income countries (MICs) (11%), and ranked seventh in low income countries (LICs) (4%)[9].

In the past, tobacco use was highest among those living in HICs but due to “targeted marketing, increased social acceptability, continued economic development, and population increases”[2] consumption has been increasing in LICs and MICs, and is expected to continue doing so. Between 1980 and 2012 overall global smoking prevalence fell significantly, although due to population growth the absolute number of smokers increased[29]. With consumption now falling in HICs but increasing in many MICs and LICs, the global burden from tobacco is set to shift increasingly from higher to lower income countries. By 2030, the number of deaths directly attributable to tobacco could rise to more than eight million per year, with 80% occurring in LICs and MICs[24].

Data presented in Figure 2[30] shows that between 1998 and 2014 (2013 and 2014 data are forecast) the cigarette market size fell in Australasia, North America and Western Europe (from 1,253,000 million sticks to 811,000 million; 35% decrease) and Latin America (from 297,000 million to 233,000 million; 22% decrease), but increased in the Middle East and Africa (from 350,000 million to 417,000 million; 19% increase), Eastern Europe (from 618,000 million to 661,000 million; 7% increase, although it peaked at 778,000 million in 2008 and has since been declining) and Asia Pacific (excluding China; from 1,077,000 million to 1,143,000 million; 6% increase). China saw vast market growth. Between 1998 and 2014 sales increased from 1,591,000 million sticks to 2,609,000 million (64% increase). Yang et al[31] have shown that the direct and indirect economic costs of smoking attributable to those aged 35 years and older in China had risen by 154% and 376% respectively between 2000 and 2008, highlighting the significant economic burden that increasing smoking prevalence is having on China. TI targeting of new markets including those with limited regulation has significantly contributed to the growth in tobacco use seen in regions such as Asia Pacific[32, 33], Eastern Europe[34, 35], and Africa[36-38]. In 2009, almost 5.9 trillion cigarettes were consumed around the world which represents a 13% increase over ten years[2], and now 80% of the one billion smokers worldwide live in LICs and MICs[24]. For the companies involved, as Eriksen et al[2] report, the increase in cigarette consumption in LICs and MICs is enough to offset the consumption decrease in HICs.

Figure 2: Global cigarette market size, 1998-2014

(Data source [30])

Although there are no international data on the tobacco market size in urban and rural communities, there are some data on smoking prevalence. For example, the World Health Organisation's (WHO) Global Adult Tobacco Study (GATS) collects data on tobacco use in urban and rural communities in 14 countries (Bangladesh, Brazil, China, Egypt (split into two regions), India, Mexico, Philippines, Poland, Thailand, Turkey, Ukraine, Uruguay, Vietnam, and the Russian Federation)[39]. Of the 14 countries/regions where data were available (data for Uruguay were not available), smoking prevalence (current users aged 15+ of any smoked tobacco product) differed between the urban and rural areas surveyed for all countries, being higher in rural areas in nine of the 14 countries/regions surveyed[39] (Table 1). However these differences have not been formally compared or tested.

Table 1: Current smokers (any smoked tobacco product) aged 15 years or older in urban and rural communities of 14 GATS countries, 2008-10

	Urban communities	Rural communities
Bangladesh**	21.3	23.6
Brazil*	16.6	20.4
China***	26.1	29.8
Egypt** lower region	18.1	18.8
upper region	20.6	19.9
India**	11.2	15.1
Mexico**	19.4	11.0
	(suburban 13.5)	
Philippines**,#	29.4	32.0
Poland**	27.8	31.9
Russia**	40.2	35.9
Thailand**	21.5	24.8
Turkey*	33.0	27.2
Ukraine***	30.4	25.6
Uruguay**	-	-
Vietnam***	23.3	24.0

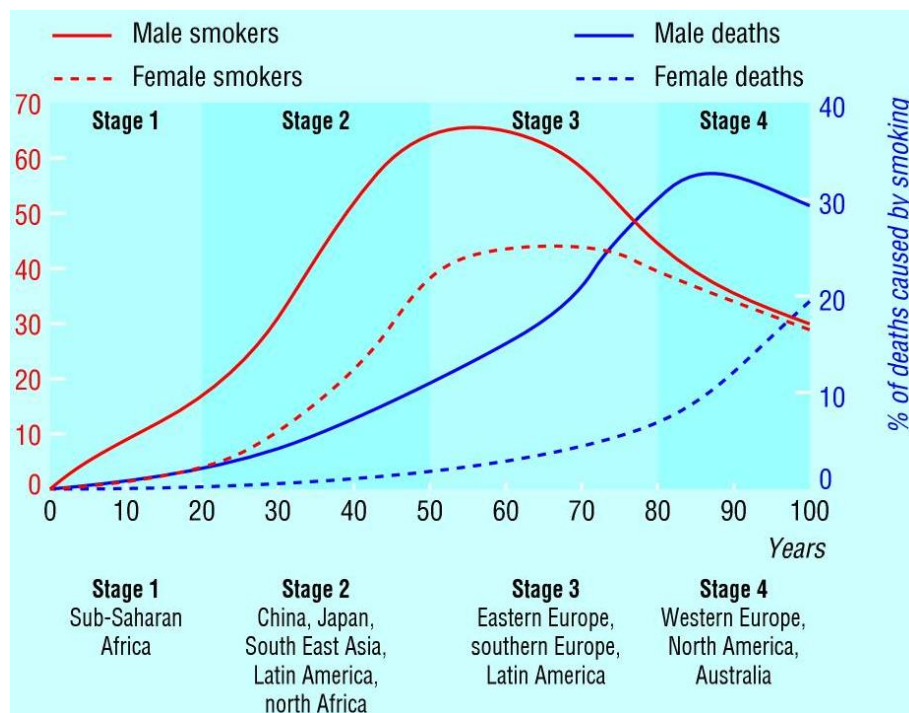
*Data from 2008; **Data from 2009; ***Data from 2010
 #data from the middle urban quintile and middle rural quintile

(Data source [39])

A model of the tobacco epidemic has been proposed based on the way in which the epidemic developed in HICs, and describes four stages based on the pattern of tobacco use and subsequent deaths from smoking[40] (Figure 3). There is a significant delay between smoking and the onset of associated disease at the population-level. For example, deaths from lung cancer are not usually seen at the population-level until 20-30 years after smoking becomes widespread, and the death rate does not peak until 30-40 years after smoking prevalence reaches its highest level[40]. Lung cancer deaths were used as a proxy for the total smoking-related mortality in Lopez et al's 1994 model[40], and the four stages were detailed as follows. Countries at Stage 1 have little history of tobacco use, for example many of those in Sub-Saharan Africa. They have low smoking prevalence (less than 20% men and 5% women) with very few smoking-related deaths. Countries at Stage 2 have a rapidly increasing smoking prevalence rate (between 20-65% men and 5-40% women) with low but increasing smoking-related deaths; countries with

growing economies including China (and many other Asian countries) and some of those in Latin America are at Stage 2. Countries at Stage 3 have a fairly long history of tobacco use. They have declining male smoking prevalence (falling to around 45%) but a fairly stable female smoking prevalence rate (around 40%), with increasing smoking-related deaths especially among men. Countries in eastern and southern Europe and some of those in Latin America are at Stage 3. Finally, countries at Stage 4 have a very long history of tobacco use and are the most developed. They have a declining smoking prevalence (45-30% men and 40-30% women) with substantial smoking-related deaths. However since the development of this model in 1994, many countries have moved to different stages and many developed countries now have a lower smoking prevalence. For example the United Kingdom (UK), Australia, and the USA all have around 20% prevalence[41], suggesting that perhaps a 'Stage 5' now needs to be added.

Figure 3: Stages of the tobacco epidemic

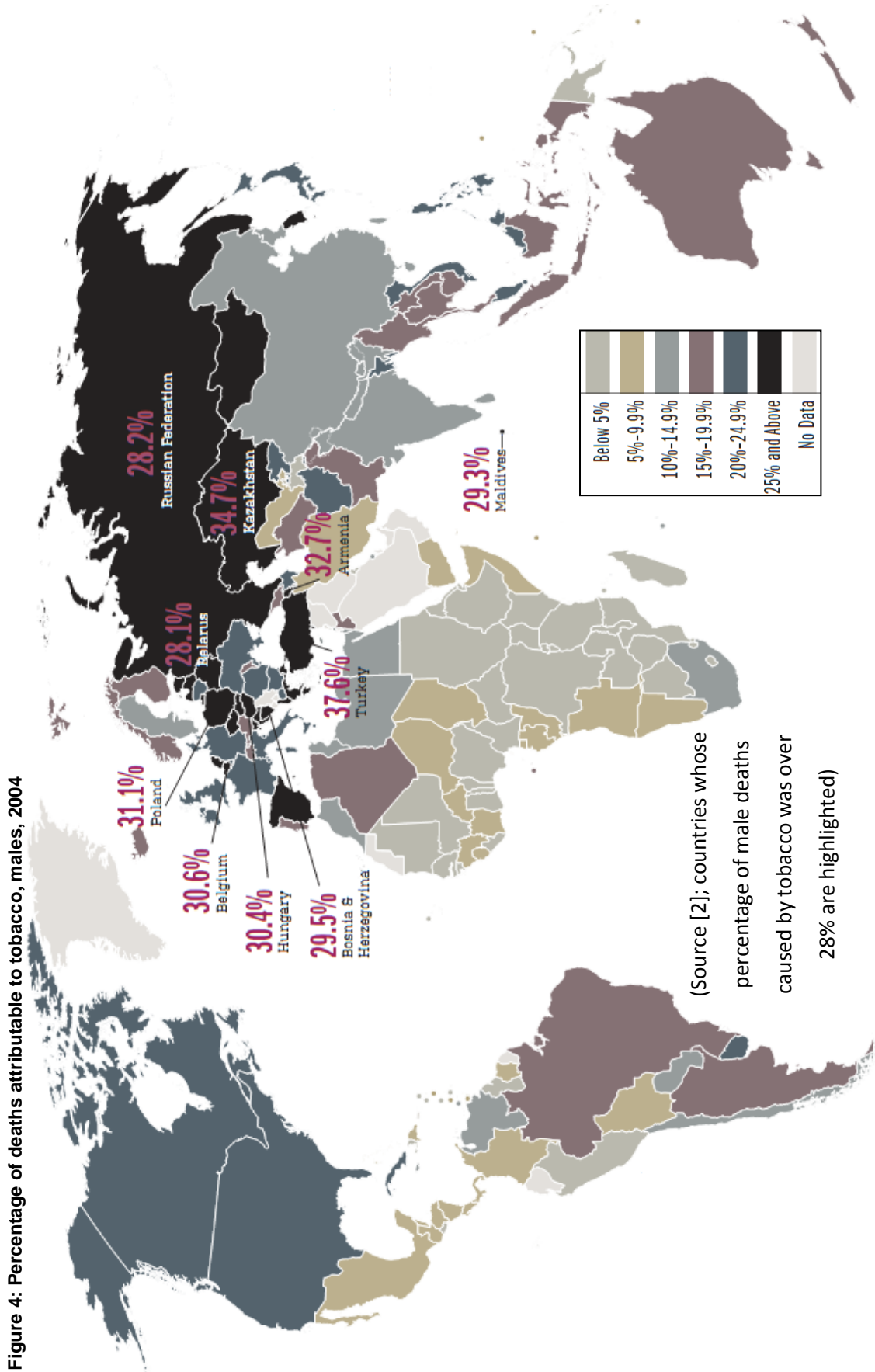


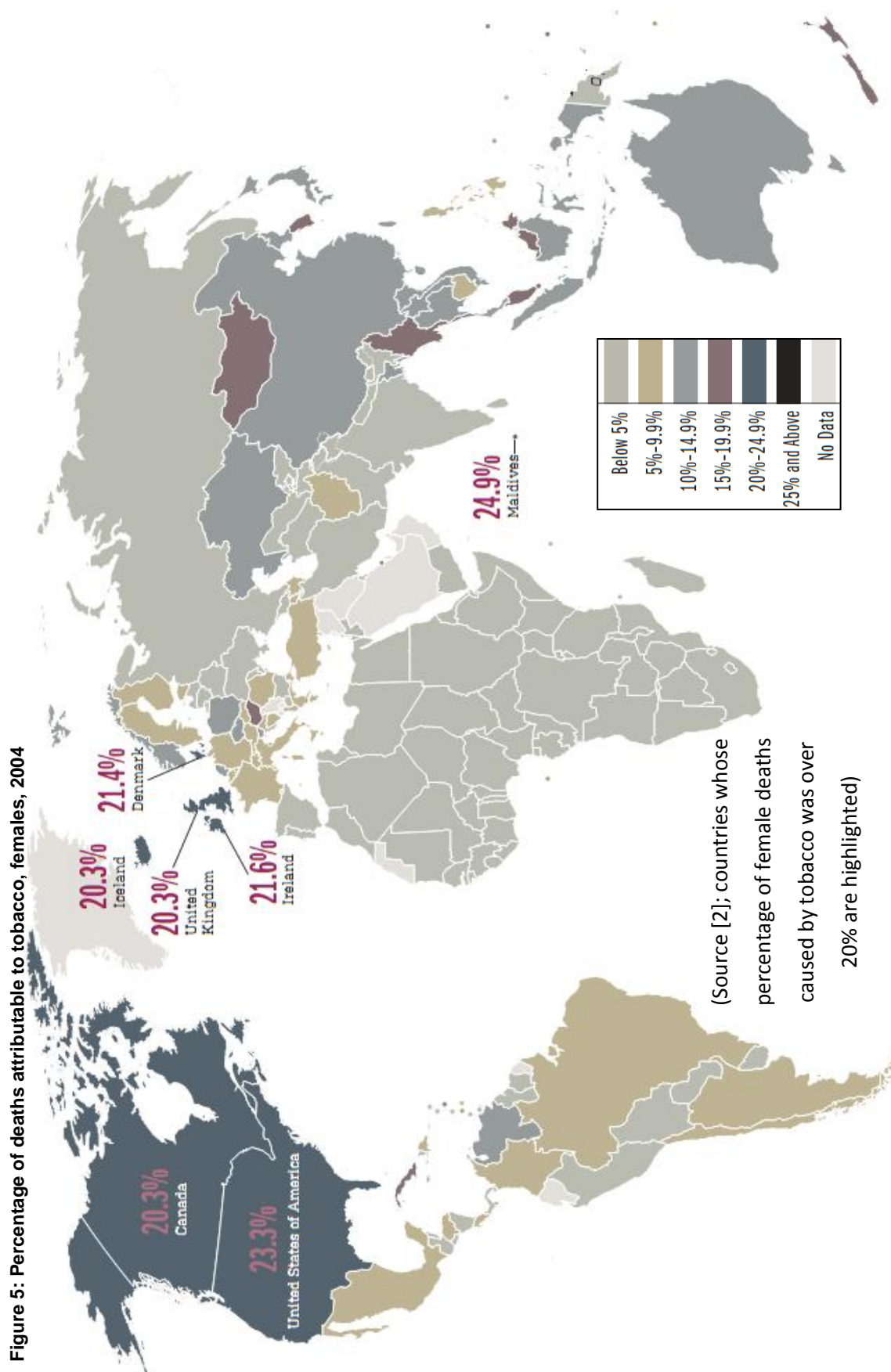
(Source [42])

Lopez et al[40] argue that their model clearly shows a 30-40 year lag between the rise in smoking prevalence and an associated rise in smoking-related mortality. This means that in countries where smoking prevalence is still increasing, smoking-

related deaths are due to increase over the coming decades. Countries at earlier Stages can therefore learn from the experiences of those at later Stages, and have the opportunity to implement tobacco control policies nearer the beginning of their epidemics. However, one major limitation of Lopez et al's model[40], as outlined in a recent update[43], is that it was only based on HIC data and was not intended to be used to predict the course of the epidemics in MICs and LICs; at the time there was little or no information available on smoking prevalence or associated deaths in MICs and LICs for which calculations could be based upon. It is also a generalised model, and the tobacco epidemic inevitably unfolds differently in individual countries due to differing levels of TI activity and the differing pace of tobacco control policy development. Many MICs and LICs have high male smoking prevalence and associated mortality, but very low rates amongst females. For example, the former Soviet Union's (FSU) tobacco epidemic developed quite differently to how the model predicted, with relatively low female smoking prevalence and slower growth than expected given male rates[44]. Countries with this trajectory do not fit the model; in 2004 Gilmore et al[44] placed FSU males between Stages 3 and 4 and females between Stages 1 and 2. A revised version of Lopez et al's tobacco epidemic model in the 2012 update[43] develops the original model to take account of these larger male/female differences by developing two separate gender-specific models, and recommending that the smoking epidemic is always discussed completely separately for males and for females.

Figure 4 and Figure 5 show the percentage of deaths attributable to tobacco at the country-level in 2004 amongst men and women respectively. Turkey had the highest percentage of deaths caused by tobacco amongst men (37.6%), and the Maldives had the highest percentage of deaths caused by tobacco amongst women (24.9%) closely followed by the USA (23.3%). Although the maps show that African and lower income countries tend to have a low percentage of deaths attributable to smoking, due to their earlier stage in the tobacco epidemic and the lag between smoking and the onset of diseases such as lung cancer, the epidemic in these countries, and its cost to life, has only just begun. The two maps also show that most countries have a lower percentage of smoking-attributable deaths amongst females than males. This, as Figure 3 showed, is because men usually start smoking before women, meaning that the onset of smoking-related disease and death tends to occur earlier in males.





2.1.2 Alcohol

The ethanol content of alcoholic drinks is typically measured in units. Globally the recommended level of 'safe' consumption varies, and is either communicated in units, number of drinks (the size of a 'standard' drink also varies globally) or grams of alcohol, and either as a daily or weekly limit[45, 46]. For example, in the UK it is recommended that men should not regularly exceed 3-4 units per day and women should not regularly exceed 2-3 units per day, where one unit of alcohol is 8g/10ml of ethanol[47] (Figure 6), whereas in the US it is recommended that men should not regularly exceed 1-2 drinks per day and women should not regularly exceed 1 drink per day, where one drink is "one 12 oz. beer, 4 oz. of wine, 1.5 oz. of 80-proof spirits, or 1 oz. of 100-proof spirits"[48]. This lack of global consensus, both in terms of the 'safe' consumption level and the terminology used, makes it difficult to compare results from different country-specific studies, and may also limit the amount of knowledge and skills that are shared internationally regarding the monitoring and regulation of alcohol consumption[46].

Figure 6: Units per alcoholic drink type, UK



(Source [47])

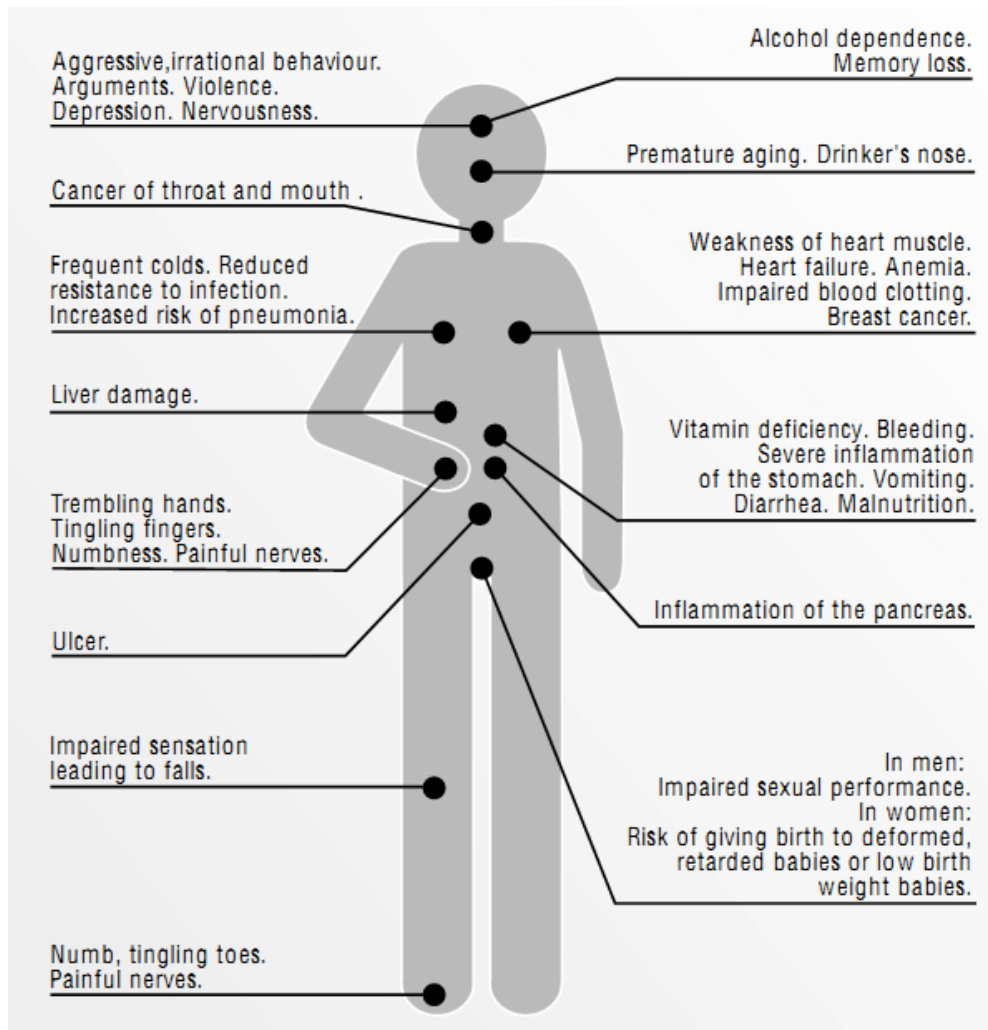
Furtwaengler and De Visser's 2013 study[46] of 57 country's "definitions of standard drinks and intake guidelines" found firstly that many countries did not have any guidelines, and secondly that there was great variation among those that did. They found that daily consumption guidelines were more common than weekly, the maximum 'safe' limit was usually greater for men than women (although in many countries there was a different male/female ratio for maximum daily and maximum weekly consumption), and there was a lot of variation in what was considered a 'standard drink'. They also reported that there was little evidence of progress towards global guidelines, perhaps due to lack of consensus in the literature regarding the definitions of 'responsible drinking' and 'binge drinking', and what the threshold for 'safe' drinking should be[46].

For many years it has been believed that regular, low to moderate consumption of alcohol, especially red wine, may have health benefits[49-56], and this is the message promoted by the AI[57]. However there is no consensus in the literature regarding what constitutes 'low' or 'moderate' drinking, and the health benefits have now been disputed. The WHO in 1994 stated that "There is no minimum threshold below which alcohol can be consumed without any risk. Alcohol can be blamed for some of the world's most serious health problems. The less you drink, the better"[58], and more recently many studies have begun to question the assertion of health benefits of even minimal alcohol consumption[59-62]. It has been found, for example, that the risk of cancer increases from zero units of alcohol[63, 64].

The effects of higher levels of alcohol consumption are not disputed. Alcohol is addictive and not only causes acute and chronic health conditions, it also causes a large number of negative social consequences for the drinker, the people around them, and for society in general[65]. The health outcomes of excessive alcohol consumption, beyond the recommended limits, can include brain damage, alcohol poisoning, increased blood pressure (a major risk factor for stroke and heart disease[66]), cancer (particularly breast cancer), and psychological problems[67]; see Figure 7. Alongside these medical conditions, drinking alcohol, especially in excessive amounts, also increases the prevalence of risky behaviours such as unsafe sex, behaviour which can lead to injury, and violence and crime[68-70]. Drinking alcohol has also been linked to an increased number of non-fatal accidents, road-traffic accidents, and death by drowning and fire[67]. Those who binge drink are also more likely to take illegal drugs[67], which have many additional physical and psychological impacts. Other social problems, that may or may not have a direct effect on the drinker themselves, can include damage to property or

the local environment, increased family tension and potential family breakdown, violence towards family or friends, the effect on partners causing them to become anxious or depressed, children's behavioural problems or underperformance at school, and falling performance at work and potential unemployment[71].

Figure 7: The health effects of high-risk drinking

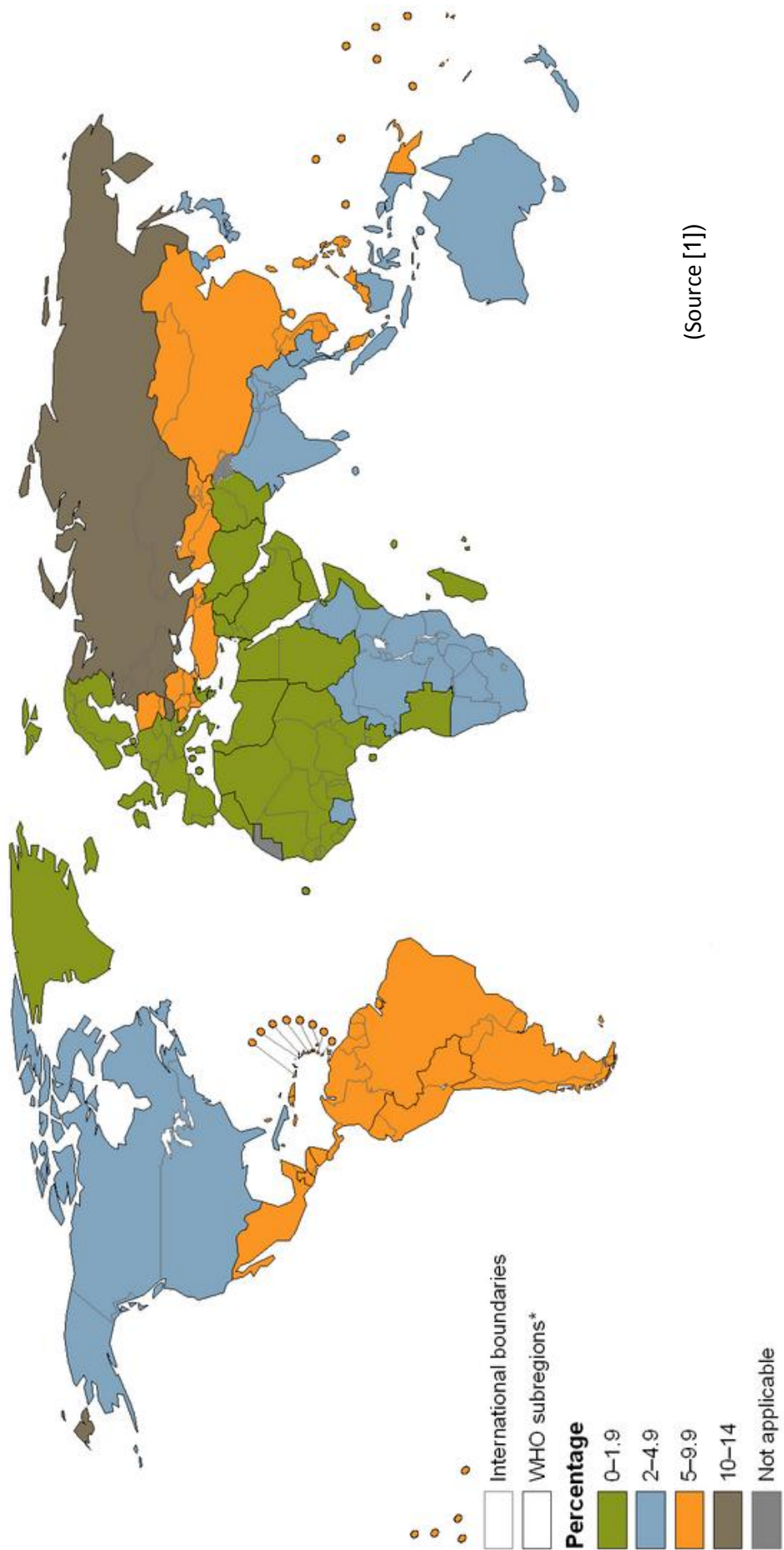


(Source [72])

Globally harmful alcohol use is the third leading risk factor for premature deaths and disability[65], responsible for 5.9% of all deaths (an estimated 3.3 million deaths[73]) and 5.1% of all disability-adjusted life years (DALYs) in 2012[73]; and this is despite almost half (48%) of the world's adult (aged 15+) population being lifetime abstainers from alcohol[73]. Alcohol use is one of the ten leading causes of death in

both HICs and MICs where it is responsible for 2% (ranked ninth) and 6% (ranked fifth) of all deaths respectively[9]. It is also the second largest cause of DALYs in HICs, responsible for 7%, and the leading cause of DALYs in MICs, responsible for 8%[9]. Alcohol use does not feature in the top ten leading causes of death in LICs but it is the eighth leading cause of DALYs, responsible for 2%[9]. Figure 8 shows the percentage of deaths that were attributable to alcohol globally in 2004. As the map shows, the highest proportion of deaths attributable to alcohol was seen in Russia (10-14%).

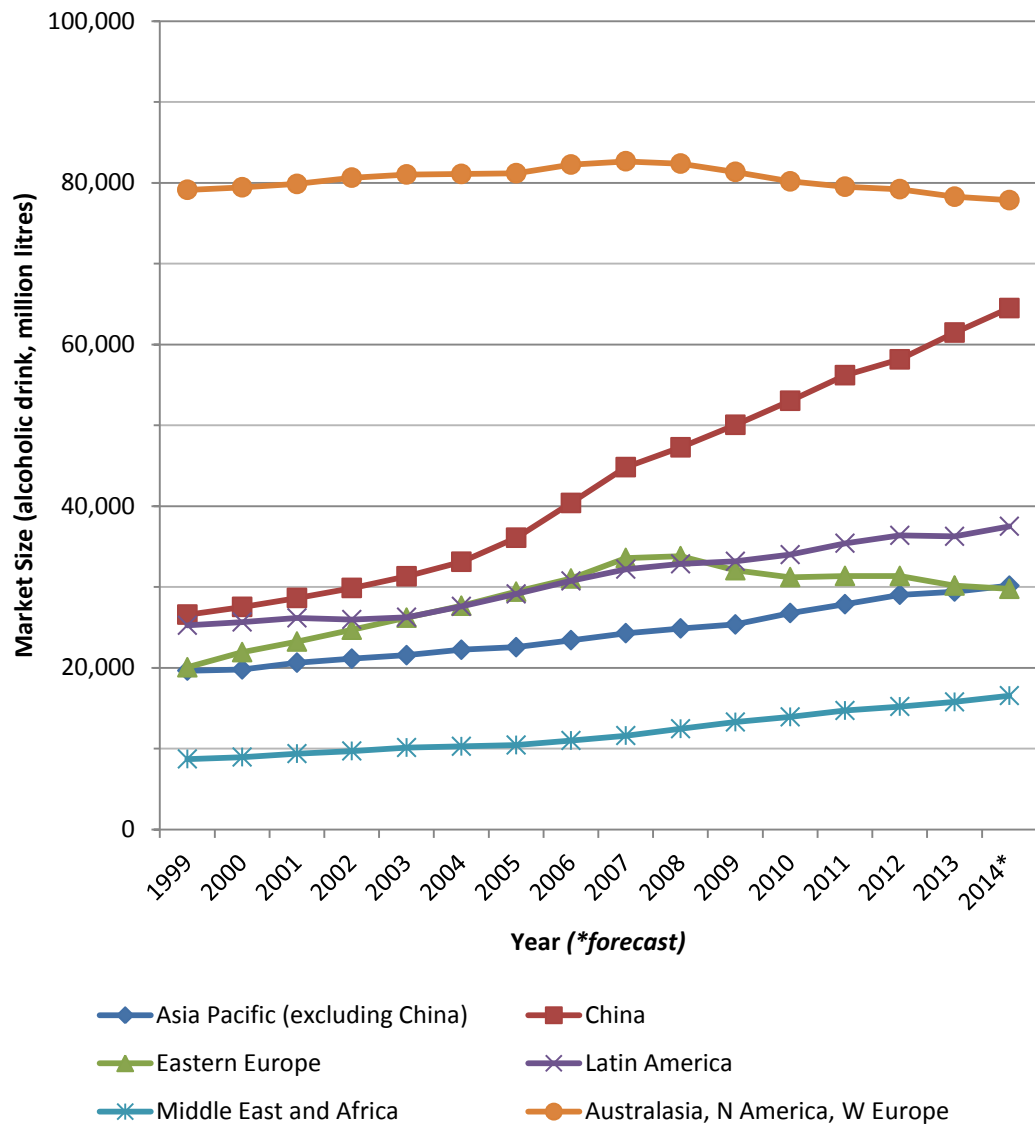
Figure 8: Percentage of deaths attributable to alcohol, 2004



Between 1999 and 2014 (2014 data are forecast) the alcoholic drink market size increased in every region except Australasia, North America and Western Europe where it fell slightly (from 79,000 million litres to 78,000 million; 2% decrease, having peaked at 83,000 million litres in 2007) (Figure 9). The Asia Pacific region saw the largest growth, but this is predominantly due to the very large increase seen in China (shown separately; the Chinese market increased 143%, from 27,000 million litres to 64,000 million); the Asia Pacific region excluding China grew by 53% (from 20,000 million litres to 30,000 million). Sales in Latin America grew by 49% (from 25,000 million litres to 38,000 million) and sales in Eastern Europe grew by a similar amount (48%; from 20,000 million litres to 30,000 million; sales peaked in 2007/8 at around 34,000 million litres). Sales in the Middle East and Africa increased by 90% (from 9,000 million litres to 17,000 million, although sales were almost level between 1999 and 2005 at between 9-10,000 million litres).

Although there are no international data on the alcohol market size in urban and rural communities, there are some data on alcohol consumption levels in urban and rural communities in some smaller country- and community-level studies. For example, a US study using data from the 1992 National Longitudinal Alcohol Epidemiologic Study showed that 44.5% of individuals in central urban areas were current drinkers compared to 39.6% in rural areas, and 25.8% of individuals in central urban areas had consumed five or more drinks on a single day ever compared to 23.1% in rural areas[74]. A study in India of individuals from Delhi and surrounding rural communities found that the average daily consumption of alcohol by urban men was over five times the amount of rural men[75]. A study involving individuals in the capital city and four surrounding villages in Ghana found that men (statistically significant) and women in rural communities had a higher prevalence of 'current alcohol consumption' than those in urban settings[76]. And a study of students in Germany found that 18.6% residing in large cities had never tried alcohol, compared to 16.5% in smaller urban districts and 10.7% in rural districts[77]. These examples of national-level studies do not provide consensus on urban and rural alcohol consumption, but they do all show large differences by community type.

Figure 9: Global alcohol market size, 1999-2014



(Data source [78])

2.2 The Determinants of Health

The 'determinants of health' are factors that have a significant influence on population- or individual-level health, including, for example, genetics, lifestyle choices, and the physical environment. The *social* determinants of health refer to how society, and the associated inequalities in society, affects health. The concept that health is influenced by society is not new; it has long been known that social and economic factors (for example poverty, social exclusion, unemployment or poor working conditions, and poor housing) have a strong relationship with the health

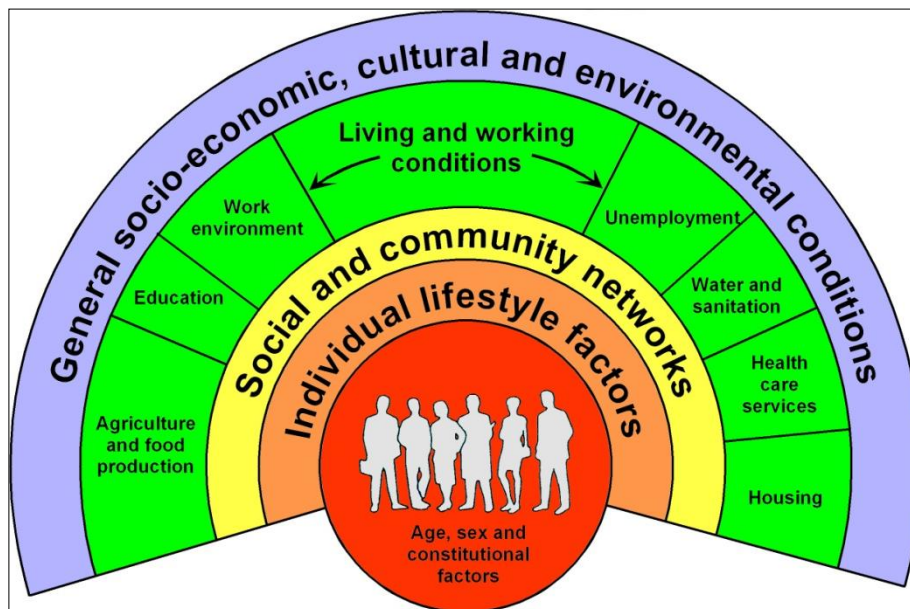
status of an individual (Villerme in 1830 and Virchow in 1848 were some of the earliest physicians to make these inferences[79]). Individuals are strongly influenced by their local physical and social environments, including their perceptions of them, and it is therefore important to take into account these broader societal-level determinants of health, along with individual-level determinants, when developing policies[80]; it is important to focus on both the *social* determinants of health and the determinants of health, as they could be different[81].

In order to make sense of the plethora of social determinants that influence health and health outcomes, multiple models have been developed [including 82, 83-85]. The models aim to make explicit the linkages between different health determinants, and also help to identify “strategic entry points” where policymakers can intervene and attempt to make improvements[85].

Arguably the most famous and widely used model was developed by Dahlgren and Whitehead in 1991 (Figure 10). This model consists of five categories of the determinants of health, each represented as a concentric ring surrounding the individual (encompassing age, sex, and genetic factors) at the centre. Closest to the individual are the ‘individual lifestyle factors’ which represent an individual’s lifestyle and health behaviours, such as whether they smoke or drink alcohol. Next are the ‘social and community networks’, which influence personal health behaviours through social interactions, support, and peer pressure. Further away from the individual again are the ‘living and working conditions’ including factors such as education, the work environment, housing, and the ability to access necessary facilities and services. The outer ring is ‘general socio-economic, cultural and environmental conditions’ which includes societal factors such as the economic state of the country and community in which the individual lives and levels of unemployment. Each ring impacts each of the layers below it. The outer layer of the model, ‘general socio-economic, cultural and environmental conditions’, influences the standard of living within society, and can influence an individual’s selection of housing, employment, social interactions, and health behaviours. Those who are more disadvantaged, for example in terms of poor housing, exposure to stressful working conditions, or poor access to services, are more likely to exhibit unhealthy ‘individual lifestyle factors’ such as smoking[85]. Some of the determinants in the ‘Whitehead model’ are “amenable to change” whereas others are not[86]; determinants such as housing and access to services are able to be improved by national or local policy, whereas determinants such as genetic factors cannot be altered.

Whitehead has argued[87] that the model is useful for the following reasons: it highlights the range of influences on health, encouraging people to look beyond lifestyle factors and access to health services, it separates factors into those that are 'fixed' and those that could be changed through policy, and it emphasises the interrelationship between the individual factors - "one level cannot be understood in isolation from the others". However, she also acknowledges that the model does not look at the determinants of health *inequalities*, and that it does not show specific pathways for change and therefore cannot be used to test hypotheses.

Figure 10: The Dahlgren and Whitehead model of the determinants of health



(Source [87])

The model is designed to explain that health is influenced by many factors, and their interactions, at multiple levels of causation[85]. However, these interrelationships are not made explicit – there are no directional arrows, for example, between the rings, instead each ring is bordered by a thick black line reducing the sense of interaction. The model does, however, clearly show the range of determinants at play, and is therefore helpful to those wanting to highlight these factors to others with limited prior knowledge of the determinants of health and their complex interactions; its strength is its simplicity.

2.2.1 Industrial Epidemics

Despite authors such as Wiist[11] and Freudenberg[13, 88] having recommended that corporations should be recognised as a determinant of health for a number of years, to date none of the models of the determinants of health[including 82, 83-85] include the corporation as a determinant or risk factor. The ‘Industrial Epidemic’ theory begins to address this gap by focussing on industry and is therefore an important addition to fully understanding the many determinants that have an impact on health.

In the late 1990s, after the release of millions of internal TI documents through litigation in the US (see sub-chapter 4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing), the TI was exposed as the “underlying cause of the tobacco epidemic”[89]. The TI was first referred to as the ‘vector’ of the tobacco epidemic in 1999 by LeGresley[90] and this concept has since been developed, most notably by Jahiel and Babor[91, 92]. The concept of an ‘industrial epidemic’ adapts the traditional public health construct of infectious diseases and focuses on the ‘agent’ (the product, such as alcohol or tobacco), the ‘host’ (the consumer of the product), the ‘environment’ in which the host is exposed to the agent, and the ‘vector’ (the corporation which makes, distributes or sells the product, such as the AI or TI; see Figure 11).

Figure 11: Industrial epidemic – tobacco and alcohol



'Industrial epidemics' are epidemics of NCDs that have emerged from the commercialisation of products that have the potential to harm health, and are fuelled by what have been described as "disease-promoting corporations"[13]. The corporate vectors who produce these products use "societal methods" including marketing, peer-pressure and addiction to increase exposure of their agents to potential and existing hosts[92]. Additionally, and similarly to biological vectors (such as mosquitoes), corporations have developed ways to counter "adverse environmental conditions"; in order to mitigate the effect of policies or other activities that could hinder or reduce profitability, corporations use public relations and attempt to influence regulation[92]. The WHO has made similar inferences with regards to the TI:

"tobacco use is unlike other threats to global health. Infectious diseases do not employ multinational public relations firms. There are no front groups to promote the spread of cholera. Mosquitoes have no lobbyists"[93].

At present most of the attempts to tackle the tobacco and alcohol epidemics focus on the host, i.e. there are many programmes in place aiming to encourage individuals to reduce the amount that they smoke or drink (and there is evidence that this is promoted by corporations such as the TI[94, 95] and AI[57, 96]). As the prevalence of diseases related to corporations is still increasing, Jahiel[92] argues that in order to effectively tackle the problem, the focus needs to shift from the host to the vector. Similarly Babor et al[97] argues that the AI is "an important but understudied part of the environment in which drinking patterns are learned and practised", especially through the development of new products and of sophisticated marketing techniques. As will be addressed in the following chapter (Chapter 3) corporations are designed, and required by law, to maximise profits for their shareholders, and this, argues Jahiel[92], means corporations must leave the resulting social and health costs and outcomes for others (usually governments and other national agencies) to tackle and mitigate.

Jahiel and Babor[91] argue that there are three main types of corporate-driven epidemics:

- *Generational epidemics*: corporations need to replenish their population of users, so, as their current users get older and die, corporations target and compete for the younger markets.

- *Targeted epidemics*: corporations often identify particular groups that they wish to target for increased consumption or for the launch of new products, for example the creation of ‘alcopops’ aimed at young drinkers.
- *Transnational epidemics*: corporations actively target foreign countries in order to expand their markets or to “develop new markets that are not yet saturated or subject to stringent regulations”.

Corporations, unlike biological vectors, do however create products that are valued by society. The products produced by corporations are sought by individuals wanting to purchase or use their products, and policymakers must therefore weigh the product’s value to society and individuals against their potential harm to health when deciding on regulatory measures[92]. However, due to the importance of corporations in the modern political economy and the resources at their disposal, corporations have the ability to shape societal values, creating the initial demand and desire for their product in the first place and shaping broader perceptions of the value of their business and products, and to influence government thereby affecting the economic environment and influencing regulation[92]. Governments and policymakers must therefore be aware of the corporation’s primary goal: profit.

Chapter 3: Corporations and Corporate Marketing

3.1 Corporations

The definition of a company is “a commercial business”, and corporations are defined as “a large company or group of companies authorised to act as a single entity and recognised as such in law”[98]. Corporations now dominate the world’s economy[13]; as has been argued, corporations and their leaders have “displaced politics and politicians as...the new high priests and reigning oligarchs of our system”[99]. Corporations are today’s most dominant institutions; they “govern our lives. They determine what we eat, what we watch, what we wear, where we work, and what we do”[99].

As stated by UK law[100], one of the ‘general duties of directors’ is to “promote the success of the company” (see Box 1), and although ‘success’ is not defined within the Act, a second document entitled ‘Companies Act 2006: Duties of Company Directors: Ministerial Statements’ states that “[f]or a commercial company, success will usually mean long-term increase in value”[101]. Therefore corporations are required by UK law to increase the long-term value of the business; i.e. increase profits.

In the US, Delaware’s General Corporation Law is the most influential due to the number of major companies incorporate under it, however the American Bar Association’s Model Business Corporation Act “governs more corporations, since most of the states have adopted it entirely or partially”[102] (the Model Business Corporation Act had, as of 2011, been adopted by 31 USA states[103]). The Act[104] states that:

“In the case of a public corporation, the board’s oversight responsibilities include attention to: (1) business performance and plans; (2) major risks to which the corporation is or may be exposed....”

and

“(a) Each member of the board of directors, when discharging the duties of a director, shall act: (1) in good faith, and (2) in a manner

the director reasonably believes to be in the best interests of the corporation”.

Additionally, annotations in the Act state that “[i]n determining the corporation’s “best interests” the director has wide discretion in deciding how to weigh near-term opportunities versus long-term benefits”[104].

Box 1: The UK Companies Act 2006

172 Duty to promote the success of the company

(1) A director of a company must act in the way he considers, in good faith, would be most likely to promote the success of the company for the benefit of its members as a whole, and in doing so have regard (amongst other matters) to—

- (a) the likely consequences of any decision in the long term,
- (b) the interests of the company’s employees,
- (c) the need to foster the company’s business relationships with suppliers, customers and others
- (d) the impact of the company’s operations on the community and the environment,
- (e) the desirability of the company maintaining a reputation for high standards of business conduct, and
- (f) the need to act fairly as between members of the company.

(2) Where or to the extent that the purposes of the company consist of or include purposes other than the benefit of its members, subsection (1) has effect as if the reference to promoting the success of the company for the benefit of its members were to achieving those purposes.

(3) The duty imposed by this section has effect subject to any enactment or rule of law requiring directors, in certain circumstances, to consider or act in the interests of creditors of the company.

(Source: [100])

Corporations are therefore *required*, by law, to maximise profits for their shareholders. Tobacco and alcohol companies are legally required to sell as many tobacco and alcohol products as possible to maximise their profits, “regardless of the often harmful consequences it might cause to others”[99], and must therefore oppose effective regulation that could reduce sales. Corporations can only ever “function to serve its own interest regardless of the harm or benefits” as “any

outcome other than profit for investors is immaterial”[11]. Corporations are therefore “compelled to cause harm when the benefits of doing so outweigh the costs” and cost-benefit analysis is commonly a large part of corporate decision making[99]. One example of the corporate focus can be seen from a Philip Morris (PM; one of the world’s largest tobacco corporations) document from 1995[105]. The two quotes highlight the aggressive nature of corporations when attempting to influence policy in order to maximise their profitability:

“Our goal is to help shape regulatory environments that enable our businesses to achieve their objectives in all of the locations where they do business”

“Our overall approach to the issues is to fight aggressively, with all available resources, against any attempt, from any quarter, to diminish our ability to manufacture our products efficiently, and market them effectively” [105]

Corporations have, very powerfully, been described as having a pathological nature, i.e. that they meet all of the criteria usually reserved for diagnosing psychopathic traits in humans[99]. Dr Robert Hare, an expert in psychopathy, was asked by Bakan[99] to apply his “diagnostic checklist of psychopathic traits” (being irresponsible, being manipulative, being grandiose, having a lack of empathy, having asocial tendencies, refusing to accept responsibility for their own actions, being unable to feel remorse, relating to others superficially) to the typical character of a corporation, and found that they matched closely[99]. Corporations have “dangerous self-obsessed personalities” and often try to mask this through activities such as corporate social responsibility (CSR))[99]; for example when a volcano erupted in Central Java in 2010, Philip Morris International (PMI), along with several other companies, sponsored a rescue camp where staff wore uniforms and drove vehicles bearing the PMI logo[106], and in 2010 in China, the China National Tobacco Corporation (CNTC) sponsored at least 69 elementary schools, and subsequently the children in these schools were exposed to pro-tobacco propaganda such as “Genius comes from hard work. Tobacco helps you to be successful”[107]. Although CSR activities (“actions by companies over and above their legal obligations towards society and the environment”[108]) often appear as being beneficial for society or the environment, its underlying aim is always to advance the interests of shareholders (i.e. increase profits); if CSR is genuine,

costing the company money, it is illegal[99] as corporations exist solely to maximise profits for their shareholders.

Globalisation¹ and international trade treaties such as the Global Agreement on Tariffs and Trade (GATT) have made it easier for corporations to operate across national boundaries. Corporations are no longer tied to the country in which they began, and countries must now compete to provide the most “business-friendly policies” to entice corporations’ investment[99]. As the chairman of the Cato Institute (a prominent American think tank) argued “corporations have become sufficiently powerful to pose a threat to governments”; many are now worth more than the economies of some countries[99]. Corporations operate very differently in different regions and within individual countries. How they operate will depend on, for example, whether or not the product they are selling is new to the particular market, whether or not it is meeting an existing demand, the culture of the country (for example, in many Middle Eastern and Northern African countries consumption of alcohol is very low[110], predominantly for religious reasons), and the type of regulation the company/product is faced with. Companies are increasingly focussing on ‘pre-markets’, i.e. those not yet sufficiently developed to be classed as consumer markets[111] as they are seen as having large, untapped, potential profits and a lack of regulation. The production and marketing of products such as tobacco and alcohol is increasingly globalised, and due to a lack of regulation companies are able to use marketing practices in many developing countries that have been banned in most developed countries[32, 112, 113]. Globalisation has also given rise to greater middle and upper classes within countries with a low average gross domestic product (GDP) per capita[111], meaning that more people have the disposable income to buy Western products. In many developing countries smoking, for example, is seen as a ‘Western’ habit, and is seen as desirable. Due to these variations and differences, it is important to study corporations across geographical space.

Although industries producing products that have the potential to harm health have a negative impact by pushing these products (see sub-chapter 3.2 Corporate Marketing) and influencing policy (see sub-chapter 4.2 Policy Influence and Compliance), they may also have a positive impact by influencing other elements of

¹Definition of globalisation: through time-space compression “social, cultural, political, and economic processes now operate at a global scale”, meaning that “nation-states are no longer significant actors or meaningful economic units...consumer tastes and cultures are homogenized and satisfied through the provision of standardized global products created by global corporations with no allegiance to place or community”[109]

the determinants of health. Industry may positively influence “socio-economic, cultural and environmental conditions”[87] by, for example, creating jobs and by paying taxes to government. Industry can also positively affect an individual’s living and working conditions through offering employment (assuming the working conditions are favourable) allowing individuals to spend money on improving their living conditions. The TI and AI produce and market legal (in the majority of countries) products that are manufactured to a high standard, and that millions of people around the world want to use and consume (although research has shown, for example, that most smokers wish they had not started smoking and would now like to stop[114, 115]). Corporations, such as the TI and AI, are legitimately meeting their shareholder obligations (i.e. maximising profit), and do not aim to harm society. If a product is legal then companies are legally allowed to sell it. Companies do not, however, have any legal obligation to reduce harm either through product development, education, or by not fighting potentially stifling policies from coming into law. It is therefore important, argues Freudenberg and Galea[12], to identify policies that make it as easy as possible for corporations to choose health, and that this should be a priority of public health.

3.1.1 The Tobacco Industry

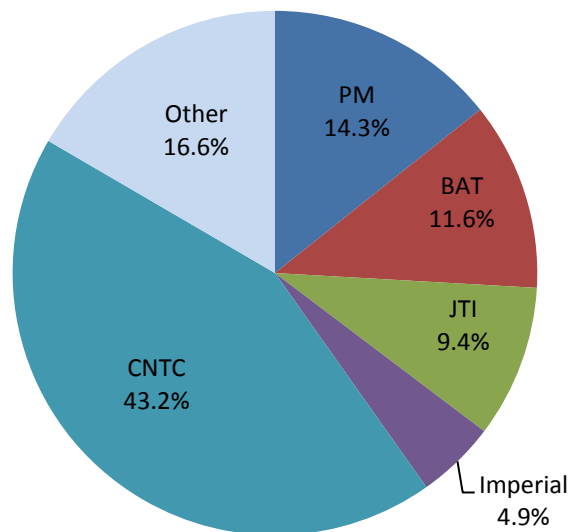
“Tobacco Industry revenue was \$664 Billion in 2010, greater than the GDP of ALL but 18 nations”[116]

After strong expansion into new markets in Latin America (1970s), Asia (1980s), and the FSU (1990s) and the acquisition of smaller, national companies[117], the present-day TI is dominated by just four global private tobacco companies. The ‘big four’ companies accounted for 40.2% of the global market in 2013, and the China National Tobacco Corporation (CNTC), the world’s largest state-owned tobacco company[2], accounted for 43.2% of the 2013 global market (see Figure 12). The largest tobacco companies are as follows:

- **Philip Morris (PM)** – brands include Marlboro, L&M, Virginia Slims
- **British American Tobacco (BAT)** – brands include Lucky Strike, Pall Mall, Dunhill, Kent
- **Japan Tobacco International (JTI)** – brands include Camel, Benson & Hedges, Winston, Silk Cut, Old Holborn (Roll Your Own; RYO)
- **Imperial Tobacco** – brands include Drum (RYO), Golden Virginia (RYO), Lambert & Butler, Richmond

- **China National Tobacco Corporation (CNTC)** – controls production and sales on mainland China[118], and also produces brands for export to Southeast Asia[119]. Due to the size of the Chinese market (Chinese men smoke a third of the world's cigarettes), in 2008 CNTC produced 2.1 trillion of the 5.9 trillion cigarettes made worldwide[2].

Figure 12: Tobacco companies: global market share, 2013



(Source [120])

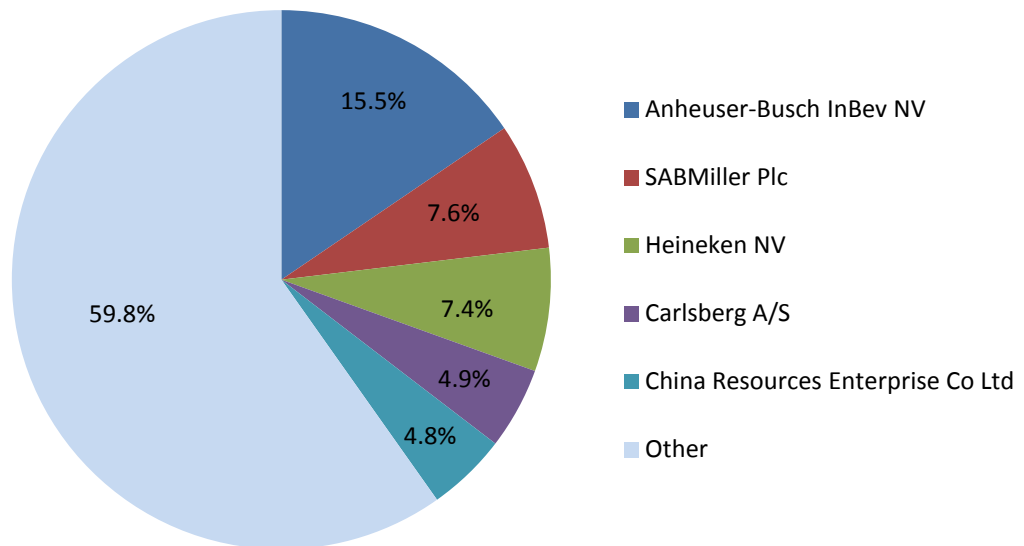
3.1.2 The Alcohol Industry

Compared to the tobacco market, the alcohol market is not dominated as heavily by multinational corporations (MNCs), and so is more complex to analyse. The breakdown of alcohol companies' market share in 2013 can be seen in Figure 13, and highlights the significant presence of smaller companies in the marketplace ('Other').

The distribution of market share is heavily swayed by the dominance of beer in the market place; the global breakdown of alcoholic drinks consumption in 2011 can be seen in Figure 14. When looking at beer exclusively, the top five companies remain in the same order as seen in Figure 13: InBev (19.7%), SABMiller (9.6%), Heineken (9.2%), Carlsberg (6.2%), and China Resources Enterprise Co (6.2%). The top five companies selling high-strength premixers, spirits, and cider are completely different. Additionally the wine market consists of many smaller companies; the top

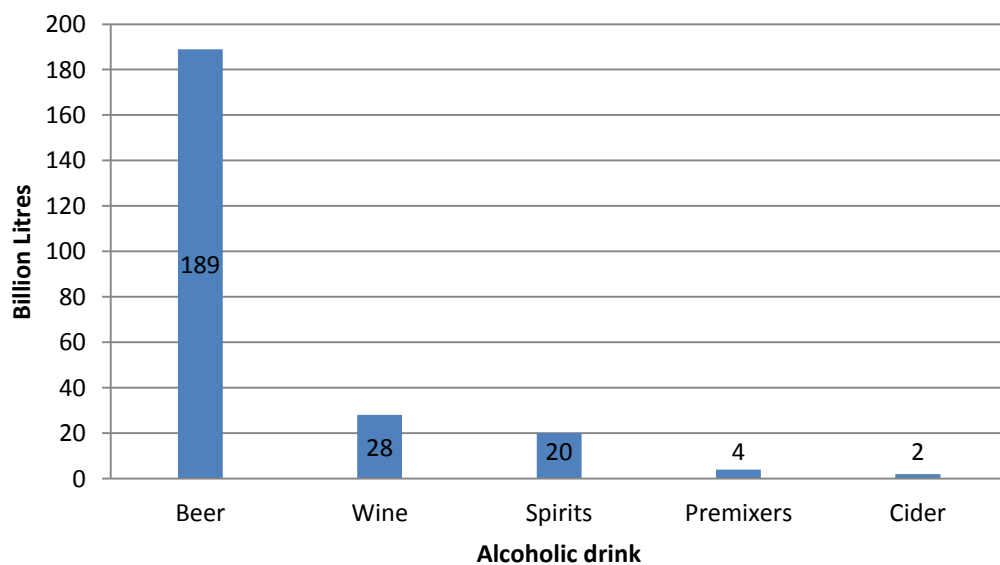
six companies make up less than 10% of the wine market (all market share data is from 2013[121]).

Figure 13: Alcohol companies: global market share, 2013



(Source [121])

Figure 14: Global alcoholic drinks consumption, billion litres, 2011



(Source [122])

3.2 Corporate Marketing

“The purpose of business is to create and keep customers, it has only two central functions – marketing and innovation”[Drucker in 123]. Marketing is “the action or business of promoting and selling products or services”[98] and it aims to attract and retain customers in order to make a profit. Marketing, and especially promotion, can change even the most well-informed consumer’s opinion and judgement about a product, and is able to “reinvent the familiar and make the unfamiliar trustworthy”[124]. As Chris Reiter, R.J.Reynolds Tobacco (RJR) Campaign Program Manager stated in 2003, “If you can market a product that kills people, you can sell anything”[2].

Corporate marketing is influenced by a number of factors in both the micro-environment (factors that are controllable by the company, including product development, distribution, and the customer base) and the macro-environment (including social, technological, economic, and political/legal factors)[111]. The marketing mix[125] forms part of the micro-environment and is made up of five key variables known as the 5 P’s: product, price, promotion, place, and person. As companies control the marketing mix, the 5 P’s are explored below.

As will be shown, the TI and AI market their products in similar ways which is perhaps because tobacco and alcohol are often consumed in conjunction, and because alcohol is sometimes used to promote tobacco products[126-128]. Although it is by no means exhaustive, this section provides a flavour of the TI and AI’s ‘5P’ marketing activities.

3.2.1 The 5P’s: Product

The product is the centre of the marketing mix and all other elements operate around it. It includes product development, and innovation can usually be considered an ongoing process[129].

3.2.1.1 Tobacco

Product innovation is key to the TI’s marketing strategy. In 2010, “BAT claimed that over 10% of sales came from product innovation, of which almost half were new products and variants that did not exist a year previously”[130].

An example of TI product innovation is the development of slimmer cigarettes. Brands include *Vogue*, *Silk Cut Superslims*, and *Virginia Slims* which are sold in “lipstick sized boxes” containing cigarettes half the width of regular cigarettes[131]. In Russia, there are over 100 brands of slim and superslim cigarettes on the market,

most of which are marketed towards women; for example, *Vogue* cigarettes are sold in bright, colourful packs, some of which have been designed by fashion designers[131] (Figure 15). Additionally, although many are aimed at women, studies have shown that they also appeal to children and young people. One study of 48 15 year-olds in Scotland showed that slimmer cigarettes were viewed more favourably than 'traditional' cigarettes across gender and socio-economic groups, and that these slimmer cigarettes were seen as being weaker tasting, less harmful, "cool", and "cute"[132]. Another study by the same research group of 75 female 12-24 year-olds in Scotland found that the participants thought that slimmer cigarettes looked nicer than 'traditional' cigarettes as they often had interesting designs on them (*"I would smoke that because of the wee flowers, and it wouldn't look disgusting in my ashtray"* (young adult aged 18-24)), and were thought of as the 'most pleasant' tasting and as weaker[133]. Some young adults (aged 18-24) described slimmer cigarettes as "*petite*", "*cute*", and "*cool*", and more similar to "*candy sticks*" than 'traditional' cigarettes[133]. Additionally, children aged 12-14 stated that slimmer cigarettes were more discrete (*"You could hide them so your parents don't find out"*) and would be the choice for someone starting to smoke (*"I think if you were like starting, that would be like the one you would go for cos it's the smallest"*)[133].

Figure 15: *Vogue* superslim cigarette packaging, Russia



(Source [131])

Another example of product innovation is the development of 'capsule cigarettes'. Although these have been in the "margins of the industry" since 1985, new versions have recently been launched by all of the main companies[134]. Capsule cigarettes are the same size and shape as traditional cigarettes but contain a small capsule in

the filter which the consumer can press to release a different taste. For example, PM's *Marlboro Ice Blast* gives a "cooling" menthol taste when the capsule is broken[135], and the JTI *Silk Cut Superslims Choice* combines both the superslim design and a capsule feature[136]. A study of 75 female 12-24 year-olds in Scotland found that capsule cigarettes were commonly described as "cool", "funky", and "high-tech", and that the 'click' of the capsule was seen as a novelty and was desirable to children[133]. Additionally, it was thought that capsule cigarettes "would be less smelly than a standard cigarette, provide fresher breath, be gentler on the throat, and would make it less obvious that somebody had been smoking" ("*They would make your breath fresh wouldn't they at the end of your fag*" (young adult aged 18-24), "*Because you're smoking a cigarette and then all of a sudden it's like chewing gum*" (child aged 15-17))[133].

3.2.1.2 Alcohol

Alcohol companies are very good at repackaging and reblending their products to appeal to younger consumers. The creation of alcopops, colourful 'shots' administered via test-tubes, and drinks with daring names (for example *HEMP* – Highly Enjoyable Magic Potion)[137] are able to capture the youth market exceptionally well and help to make drinking alcohol appear exciting and fun.

In the USA between 1970-1997 beer and wine were the drinks of choice for new drinkers, but from the late 1990s onwards this shifted towards spirits (and particularly 'white' spirits including vodka, rum, and tequila)[138]. These white spirits were able to be blended with fruit flavours and sugars, and were often carbonated, to create ready-to-drink (RTD) products that resembled soda or soft drinks[138, 139]. These products were termed 'alcopops' by public health groups due to their appeal to young people[138]. Alcopops were able to be categorised as a 'flavoured malt beverage' as the production process started with beer; the beer base was highly filtered and replaced with flavouring that contained spirits in order to change the taste (until 2005, up to 99% of the alcohol in alcopops was from spirits)[138]. As production began with beer, alcopops were able to be classified as a beer instead of a spirit, meaning they were not subject to the same, stricter marketing restrictions that applied to spirits[138]. Alcopops commonly used the spirits' brand name, for example *Smirnoff Ice* and *Bacardi Breezer*, aiming to push individuals towards consuming spirits as spirit companies "had been frustrated by the aging of their primary consumer base and the erosion of their market among younger drinkers, who prefer beer and other low alcohol products"[140]. Through extensive marketing,

particularly in mediums popular with young people, alcopops became hugely popular among children and young people during the early 2000s[138].

Premixed drinks are a relatively new and growing trend, in part due to the global recession shifting sales towards off-trade consumption[141] ('off-trade' are sales for consumption 'off' the premise, for example those by supermarkets); "[m]anufacturers' recent activity, focusing on launching a series of RTDs/high-strength premix extensions to complement their key flagship spirits brands, can be viewed as a strategy to exploit this development"[141]. Examples of these new RTDs include: *Southern Comfort Lemon & Lime* (2009, UK) and *Southern Comfort & Cola* (2011, UK[142]), *Jack Daniel's & Cola* (2009, UK[143]), *Pimm's Blackberry and Elderflower* (2013, UK[144]); some spirit-based RTD cocktails have also been launched including: *Sauza, Cruzan Cocktail Cubes* including 'Sauza Premium Original Margarita Cocktail Cube', 'Sauza Premium Strawberry Margarita Cocktail Cube', and 'Cruzan Premium Mojito Cocktail Cube' (2009, USA[145]), *J&B Manhattan* (2010, Spain[146]), and *Pampero Mojito* (2010, Italy and Portugal[146]). In the UK 'spirit beers' have also recently been launched, including bourbon-flavoured beer *Dead Crow*, tequila-flavoured beer *Desperados*, and rum-flavoured beers *Cuvana* and *Cubanisto*[147-150], showing that the trend for blended drinks has not yet ended.

Similarly other products have also been combined to create new products. Along with alcopops and blends which combine different types of alcohol (as outlined above) there are many products that combine alcohol with foodstuffs, especially chocolate, ice-cream and other desserts[151], substances such as caffeine[152] (consumption of alcoholic energy drinks has been shown to be more harmful to health than drinking alcohol alone[153]), and even tobacco to give a "nicotine buzz"[154].

Another product, new on the US market in 2014, was 'Palcohol'. Palcohol is powdered alcohol which, when water is added, turns into either vodka or rum, or a cosmopolitan, mojito, margarita or lemon drop cocktail[155]. Palcohol is not AI-owned and was developed by an individual[156], but it helps to demonstrate the constant evolution in alcoholic beverages.

3.2.2 The 5P's: Price

Price is an important part of the marketing mix as it determines what the company receives per unit for the product that is being marketed, and therefore the revenue that is generated[125]. There are two objectives with pricing: to maximise profits,

and to maintain or increase the product or company's market share[157]. Price can also be used as a promotional tool, for example by using special offers and discounts[157] (this is discussed under sub-chapter 3.2.3 The 5P's: Promotion).

3.2.2.1 Tobacco

The formula for 'price elasticity of demand' (percentage change in demand divided by percentage change in price) allows companies to calculate how much demand would be affected by changes in price[125]. This is a useful calculation for companies as it allows them to predict what would happen to sales if prices were increased or decreased. If demand is shown to be relatively unresponsive to price changes then it is said to be *inelastic*, but if it is responsive it is said to be *elastic*[125]. For cigarettes, an addictive product, the price elasticity of demand has been estimated to be between -0.3 to -0.5, which means that a 10% increase in price will reduce cigarette consumption by approximately 3%–5%[17]; estimates have been higher (up to 8%) in lower income countries[158]. Therefore although price increases will have an effect on consumption, cigarettes can be considered relatively price inelastic (the percentage reduction in consumption is smaller than the percentage price increase).

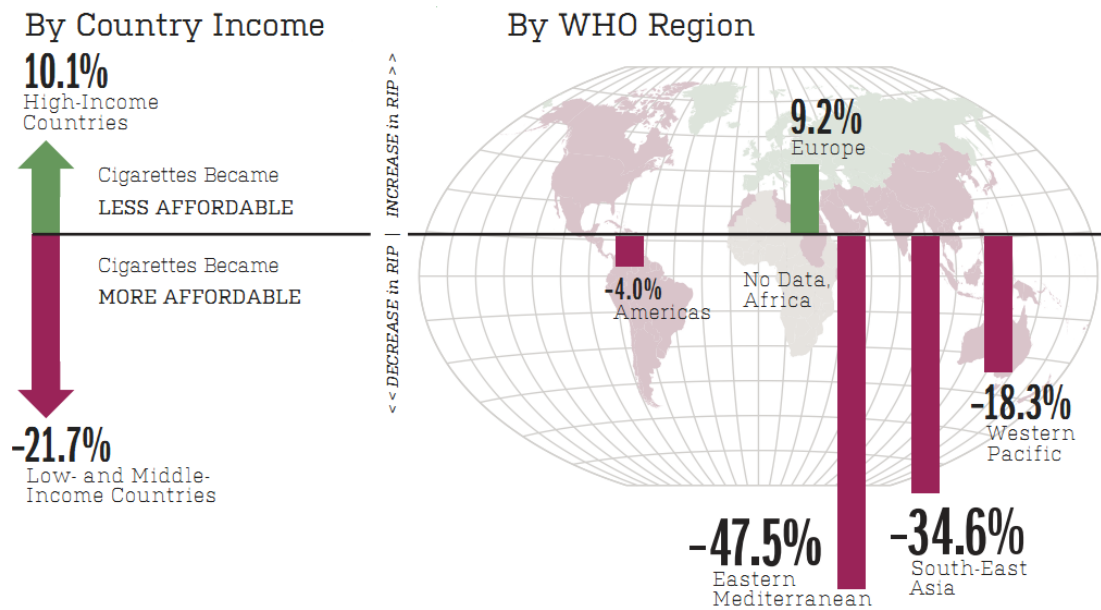
In most countries, the pricing of tobacco products is complicated by taxes such as excise tax and sales/value added tax. Unlike sales/value added tax, excise tax is applied only to a narrow range of products, and at the production or importation stage rather than the sales/distribution stage[158]. It was traditionally used to raise government revenue, but more recently has been used as a tobacco control measure; tax/price increases have been identified as the most effective single tobacco control measure available ("over one hundred studies have examined the impact of tobacco taxes and prices on overall tobacco use...it is clear that a price increase will lead to a reduction in consumption"[158]) and help to offset the external costs of smoking[158]. For example, in September 2014, South Korea announced a proposal to almost double the cost of cigarettes through taxation in order to reduce its male smoking rate, which is one of the highest among developed countries at 41%[159]. Gilmore et al[160] found that cigarette prices were being increased in the UK (usually in March/April each year) over and above tax increases for all segments, except for the absolute cheapest brands where taxes were being absorbed. This, they argued, was in order to "reassure price-sensitive smokers and accentuate the price gap, but also to hide the price increases on the more expensive brands behind the excise increases"[160]. This 'overshifting' of taxes is central to retaining and maximising profit margins; higher tax increases the price

and reduces demand, meaning the after-tax mark up must rise for profits to increase[158, 160].

The price charged for a product must also reflect the level of disposable income potential consumers have access to. MNCs usually change the price of their products in different regions and countries according to the local economic situation, the tax system, and the market structure. For example, there is evidence that in new markets the TI initially sells cigarettes cheaply aiming to increase smoking prevalence and consumption levels regardless of profit, but that once prevalence and consumption levels are higher and regional economies are stronger, prices are increased and profits are reaped[130]. 2008-2011 data from GATS has also been used to compare cigarette prices and affordability across 15 countries (Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Romania, Russia, Thailand, Turkey, Ukraine, Uruguay, and Vietnam)[161]. This study found that cigarettes were most affordable in Russia, and also relatively affordable in Brazil, China and the Philippines, and that cigarettes had the highest mean price in Romania and were the cheapest in the Philippines[161].

Cigarettes became more affordable (by almost 22%) in LICs and MICs between 2000 and 2010, but became less affordable (by over 10%) in HICs[2] (Figure 16). Regionally, only in Europe have cigarettes become less affordable in the last decade (9% more expensive), whereas cigarettes in the Eastern Mediterranean region are almost 50% more affordable[2]. These differences are, at least in part, due to differences in taxation levels; excise taxes tend to be highest in HICs (in 2008 63% of the price of the most sold cigarette brand was tax in HICs, compared to 54% in upper-middle income countries (UMICs), 45% in lower-middle income countries (LMICs), and 39% in LICs)[158].

Figure 16: Change in cigarette affordability, 2000-2010



(Source [2])

3.2.2.2 Alcohol

A meta-analysis of 1,003 alcohol price elasticity of demand estimates found that the mean was -0.46 for beer, -0.69 for wine and -0.80 for spirits[162] meaning that a 10% increase in price would reduce consumption of beer by approximately 5%, wine by approximately 7%, and spirits by 8%. Therefore although price increases reduce alcohol consumption, alcohol, like cigarettes, can be considered relatively price inelastic (the percentage reduction in consumption is smaller than the percentage price increase).

Excise tax, as outlined above, is also applied to alcohol in most countries. Similarly to tobacco, excise tax is now used as an alcohol control measure; tax/price increases have been identified as one of the most effective (and cost-effective) alcohol control measures available (along with controls on alcohol availability and promotion)[163, 164]. Aside from reducing consumption, raising taxes also increases government revenue, although the amount raised tends to be much lower than the social costs attributable to alcohol consumption[163]. Similarly to tobacco, there is evidence that prices of alcoholic drinks are commonly increased over and above tax increases[165]; 'overshifting' of taxes allows alcohol companies to maximise profit margins.

Minimum unit pricing is one example of a price-related alcohol control measure. It assigns a minimum price to each unit of alcohol in an alcoholic drink, for example if the minimum unit price was 50p, a 10-unit bottle of wine would have to cost at least £5.00. Canada was the first country to introduce minimum alcohol pricing, and studies have shown that it has worked in tackling alcohol-related harm through reduced consumption[166, 167]. At the beginning of 2014, Moldova, Russia, Ukraine, Uzbekistan, some US states, and eight of the ten Canadian provinces had a minimum price in place[168]. In the UK, minimum pricing is the focus of substantial policy debate[168]; in 2013 the plans for its introduction were shelved with many claiming that the government had “caved in to” AI opposition and lobbying[169, 170] and in 2014 plans for minimum pricing were replaced with a ban on ‘below cost’ (duty plus VAT) sales instead[171]. A ‘below-cost’ ban aims to stop supermarkets selling alcohol as a loss-leader, but critics have argued that only 1% of sales will be affected[172]. Scotland, however, has decided to go ahead with minimum pricing[173], but at the beginning of 2014[174] ministers were still fighting a court battle with the AI in order to pass the bill and the Scottish parliament is now awaiting a ruling from the European Court of Justice[175].

3.2.3 The 5P's: Promotion

The term ‘promotion’ describes the persuasive methods that are used to communicate information about a product such as its quality, main selling points, convenience, or availability to potential consumers. Promotion is what most people would think of when the term ‘marketing’ is used, but it is in fact just one element of the marketing mix.

Promotional activity can take a number of different direct forms including advertising (paid forms of non-personal communication of products on television (TV), in print media, on billboards, cinema adverts, and on the radio), personal selling (oral communication with a potential customer), sales promotions (customer incentives), publicity (communicating product information in the media without having to pay for the time or space directly), direct marketing (directly distributing products, information, and promotional material to target consumers), sponsorship (company alignment with sports events, the arts, teams, tournaments, competitions, shows, or individual personalities), product placement (the deliberate placing of products within films or TV programmes), and Internet promotion (using electronic media)[123].

3.2.3.1 Tobacco

Information on TI promotional expenditure is not readily available for the vast majority of countries, so this section reports only on figures from the USA where reporting is mandatory[158], although there is also evidence that in new markets the TI quickly becomes one of the top national advertisers through intensive, heavy marketing[33, 35, 176]. As cigarette consumption has been declining since the early 1980s, the TI has spent increasing amounts on advertising and promotion; since 1981 expenditure has grown tenfold in the USA[17], and since the 1950s “cigarettes have been one of the most heavily marketed consumer products in the United States”[17]. The total spent in the US alone in 2008, \$9,941 million, equates to more than “\$34 being spent on tobacco marketing for every man, woman, and child in the US that year”[2]. Promotion, especially at this level, is very powerful, and is able to prey on people’s wants and desires, on people’s need to belong, and it is able to lure people into a particular lifestyle and identity[124]. Promotion aims to “persuade and/or maintain and reinforce specific behaviours among particular target audiences”[177], for example, in China BAT and PM tapped into the culture of gift-giving and promoted the acceptability of giving cigarettes as a present[178].

Tobacco advertising and promotion has been increasingly regulated in recent decades (see sub-chapter 4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing). Due to this, in most developed countries the TI can no longer market using traditional media such as TV, radio, and print media, or use sponsorship or celebrity endorsements to promote their products; however there is evidence of the TI still using marketing practices banned in developed countries in some developing countries[32, 112, 113]. In the USA between 1970 and 2005, the types of marketing used by tobacco companies changed dramatically; measured media (TV, radio, newspapers, magazines, and billboards) expenditure decreased from 82% to almost none, whereas spending on promotional activities increased from 18% to almost 100%[17]. The USA’s Federal Trade Commission reports marketing expenditure of the five largest US cigarette manufacturers. In 2011 the data showed that \$8.366 billion was spent on advertising and promotion in the USA, the majority of which (84%, \$6.997 billion) was spent on price discounts paid to retailers in order to reduce prices for consumers, highlighting that this is now the main method of TI promotion in the West[179]. In 2011 the companies also reported spending over half a million dollars on newspaper advertising, the first time expenditure had been reported since 2008, \$23 million on magazine advertising, \$3

million on outdoor advertising including billboards and signs, and \$77 million on point-of-sale (POS) advertising[179].

Although televised tobacco adverts are banned in many countries[2], studies have found that tobacco imagery is still common on television, although it cannot be assumed that it is all TI funded. For example, a study of 613 programmes on UK television completed in 2010 found that 73 programmes featured tobacco use, 18 featured tobacco brand appearances and 204 featured tobacco paraphernalia, and there was a similar frequency before and after the 9pm UK watershed for programmes suitable for young people; in summary they found that a third of prime-time TV programmes in the UK included tobacco content[180]. Another study in 2004 of 120 programmes on New Zealand television found that 25% of these programmes had at least one scene (in total there were 152 scenes) which showed tobacco imagery[181]. Additionally, there have been similar studies with regards to tobacco imagery in films (although again it cannot be assumed it is all TI funded). For example, 497 films released between 1991 and 2001 (the top grossing 50 films in the US per year) were assessed for images of smoking and smoking-related paraphernalia[182]. This study found that 75% of films contained some smoking-related images, but that rates had slightly declined over time (especially in youth-orientated films; however rates went up in R-rated films (UK=15) and dramas). Another study of the top grossing 100 films each year released in the US between 1996-2009 (1400 films) found that there were a total of 500 tobacco brand appearances within the 1400 films and that *Marlboro* and *Camel* were the most common brands[183]. In 1998, tobacco brand placements in films were banned in the US (as part of the Master Settlement Agreement (MSA), see sub-chapter 4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing) and it was found that after this, tobacco brand appearances dropped by 7% each year until 2006 where there was little further decline[183]. In 2011, the five largest USA cigarette manufacturers reported no expenditure on product placement in films or TV shows, and that “neither they nor anyone working for them or on their behalf: sought, solicited, granted approval, or otherwise gave permission for the appearance of any cigarette product or cigarette brand imagery in any motion picture [or] television show”[179].

Having predominantly moved away from traditional media (especially in HICs), the TI now use new media such as the Internet, video games, and smartphones to market their products.

The advent of the Internet has had a profound effect on the way business is undertaken and how marketing is used and understood. There is now a “global virtual society linked by channels such as the Internet, text messaging, and interactive gaming”, and as communication has become globalised, the impact on public health has grown and intensified[17]. The Internet is now vital for marketing practices due to its global reach[123], extreme efficiency[129], and the fact it is largely unregulated[184]. Approximately 25% of the world’s population now has access to the Internet[184] and research by Pidd[2009, in 123] showed that across 16 countries, on average, people spent 29% of their leisure time on the Internet. This is a huge amount of time when individuals can potentially be exposed to advertisements and company branding. Posting videos to the website YouTube is one method of reaching customers via the Internet. One study of tobacco-related videos on YouTube in 2010 found 163 videos, 71% of which were pro-tobacco, and only 4% anti-tobacco; one pro-tobacco video (focussing on *Marlboro* cigarettes) had been viewed over two million times[184].

Video games are another important marketing arena. According to research undertaken by Nielsen in the US, males aged 18-34 years-old spend as much time playing video games as they do watching TV[17]. Haninger and Thompson[2004, in 17] found that just six of the 396 video games they reviewed involved tobacco and/or alcohol products within game play, but that when tobacco and/or alcohol products were shown they were often strongly integrated. For example, in the game *The Chronicles of Riddick: Escape from Butcher Bay* “cigarettes are used as a reward, with each pack revealing some aspect of a new, related Riddick movie”, thereby making cigarettes seem ‘cool’ and desirable[17]. However, whilst more than \$8 billion was spent on advertising tobacco products to young males in 2003, less than \$15 million was spent on video game advertising[17], indicating that it is a relatively untapped advertising tool.

Smartphones (including Apple’s iPhone and Google Android phones) have presented further opportunities for the TI to market their products through the advent of ‘apps’ which are small applications that a smartphone user can download onto their phone. Smartphones allow consumers to be “reached anytime, anywhere”, and smartphone users are growing exponentially globally[185]. A 2012 search of the Apple App Store and Android Market (the two largest global app stores) identified 283 tobacco-related apps in English, 107 of which were pro-smoking (42 in the Android Market and 65 in the Apple App Store)[185]. The pro-smoking apps fitted into six categories: tobacco shop/brands, smoking simulation,

wallpaper, cigarette battery, pro-smoking advocacy, and cigarette rolling information. The most common categories were the former two – ‘tobacco shop/brands’ included information about where to purchase products and information about the brands, and ‘smoking simulation’ apps simulated smoking behaviour through the use of virtual cigarettes. The 42 Android apps alone were downloaded by a minimum of 6.2 million users and an average of 11.1 million users[185]. Again, although it cannot be assumed that the apps were TI funded or supported, research shows the high availability of pro-smoking apps to smartphone users.

Research has found that music has also been used to promote tobacco products. One study, using internal TI documents, found that Brown & Williamson used music to promote their menthol brand *Kool* from 1975 onwards[186]. Music (initially through a ‘Kool Jazz’ concert and festival) was used to target African American men because, for example, “music provided an emotional hook for consumers to identify with the brand”. The subsequent ‘Kool Mixx’ campaign also involved taking “vans equipped with speakers blasting music” to inner-city neighbourhoods and distributing free samples, key chains, and lighters, alongside adverts in “ethnic” magazines and direct mailings[186]. The ‘Kool Mixx’ campaign was still running in 2004; a competition for rappers was run, limited edition cigarette packs were released featuring artistic depictions of “hip-hop culture” and a “‘Mixx Stick” radio [was] free with the purchase of a limited edition two-pack set”, and the ‘Kool Nu Jazz Festival’ was taken to four cities and featured modern and popular hip-hop and soul singers[186]. Celebrities were commonly used to promote tobacco products, but this is now banned in most developed countries. However, in 2010 in Indonesia a local tobacco company, Djarum, which makes the kretek (tobacco and cloves blend) cigarettes *LA Lights*, planned to sponsor a concert by the singer Kelly Clarkson. This caused outrage amongst fans and public health officials, and Djarum eventually pulled out[187]. Additionally, although it may not be intentional by the TI, when a celebrity gives an interview stating that they smoke, the journalist often reports the brand that they smoke to give their story credibility thereby providing the brand with publicity[188].

The TI is also increasingly using more covert ways of reaching their target market, especially in the West. For example, after a cigarette advertising ban in Norway in 1975 “Camel boots were introduced in that country, with advertisements that were virtually identical to earlier ads for Camel cigarettes”[17]. In 2010 The Observer newspaper[189] reported that tobacco companies (including Imperial, PM, and JTI)

have been using major UK music festivals to promote their products; tobacco advertising and sponsorship is banned in the UK, so specific tobacco companies or brands have signed exclusive deals with the privately-run festivals to, for example, be the only supplier. Promotional methods included using coloured light up kiosks to sell cigarettes at night, employing attractive staff wearing branded t-shirts and caps, selling 'special edition' boxes of cigarettes that also include additional extras such as 'festival edition' lighters or glow-sticks, and using customised camper vans to sell rolling tobacco[189]. Alongside these methods of promotion, tobacco companies are increasingly using social networking sites (such as Facebook and Twitter) to promote their products at events, for example employees will post photos of festival-goers having a good time, with the tobacco company branding in full view thereby creating positive brand-association.

Additionally, tobacco companies have begun to experiment with stealth marketing in order to create a 'buzz' around a product[17]. For example in Australia in 2002 the program of a youth-orientated music festival, 'Big Day Out', "contained a cryptic double-page advertisement for something called Discovery World Air (DWA). The advertisement, captioned 'Length Matters', featured a youth eating a hot dog and wearing a DWA cap and shirt", and when people arrived at the DWA booth at the festival, they found glamorous assistants selling cigarettes for Rothmans[190]. PM's recent "Be Marlboro" campaign also started as a stealth campaign, but then developed into a more traditional marketing campaign. 'Be Marlboro' was launched in Germany in 2011[191] (and has since been launched in around 50 countries worldwide[192]) and began with unbranded billboard adverts containing the word 'MAYBE' with the letters 'may' crossed out leaving the word 'be' (see Figure 17). This 'teaser' advert soon developed into a branded campaign where two choices were given (for example "Left or Right", "Sit or Stand", "Yes or No") followed by the slogan "Don't be a maybe. Be Marlboro"[191]. Once this phase was established, the adverts were then replaced with real situations and associated photos to evoke emotional responses (for example, "Maybe never fell in love. Be Marlboro" (including a photo of a couple kissing), "Maybe will never be her own boss. Be Marlboro" (including a photo of a female mechanic sitting in a garage), and "A maybe never reached the top. Don't be a Maybe. Be Marlboro" (including a photo of a woman smoking whilst standing at the top of a skyscraper))[191, 192]. In Germany the campaign was also supported by events such as 'secret' club nights, where those in receipt of tickets were told when and where to meet, and were then transported to a secret *Marlboro*-branded location where they were given drinks

vouchers and free *Marlboro* cigarette samples[191]. The 'Be Marlboro' campaign has been criticised for targeting youth[193] by exploiting "adolescents' search for identity"[192], but PM have stated that the campaign was targeted at those aged between 18-24 years-old[191].

Figure 17: 'Be Marlboro' unbranded advert



(Source [194] (image cropped))

The packaging of a product is another important part of promotion. Internal TI documents have shown that cigarette packaging is of critical importance "especially in the context of tighter restrictions on conventional avenues for tobacco marketing"[195]. When advertising restrictions are introduced the "pack itself remain[s] available for communication to customers and potential customers"[196] and unlike packaging for other products which may be immediately discarded, cigarette packaging is kept with the smoker until the pack is finished and is often "left on public display during use" thereby acting as an advertisement[195]. The TI "exploits all elements of packaging" from the outer film, the tear tape and pack inserts, to the physical structure of the pack[197]. For example, Imperial recently changed the packaging of their *JPS hand rolling tobacco* brand from landscape to portrait to "allow for easier merchandising and increased visibility of the price marks" and aimed to offer customers who also smoke JPS cigarettes "reassurance and consistency"[198], Imperial's *Lambert and Butler* cigarettes began being sold in

'Glide Tec' packs in 2011 where users, from the front of the pack, are able to slide an inner part of the pack up to push the cigarettes out of the top of the pack[199, 200], and PM's *Chesterfield* and *Marlboro Gold Original* cigarettes were released in limited-edition 'festival themed' packs to tie-in with the UK's 2014 summer festival season[201]. Figure 18 shows just a handful of the myriad colourful and enticing packs available in the UK in 2014.

Figure 18: Cigarette packaging, UK, 2014



(Source: images reproduced from www.tesco.com, May 2014)

As Slade argued in 1997[196], "The adaptation of advertising to the pack itself in this manner is but another reason that a requirement for plain packaging is sound public policy". Standardised 'plain' packaging has a "standardised shape, method of opening and background colour" with brand and product names in "a uniform style, colour and position"[197], along with large text and graphic pictorial health warnings

on both the front and back of the packs[202]. In December 2012, Australia became the first country to introduce plain packaging, and multiple countries including Ireland (which in 2014 became the first European country to attempt to pass plain packaging into law[203]), the UK, New Zealand, and Canada are considering following suit[202]. The TI have strongly contested the introduction of plain packaging through mass publicity and legal challenges arguing, amongst other things, that plain packaging ‘won’t work’, that it infringes their intellectual property rights and infringes international trade agreements, that it will lead to increases in smuggling, and that it will cause job losses in packaging and related industries[202, 204]. Policymakers and those working in tobacco control commonly use the ‘scream test’ to determine the potential effectiveness of a policy proposal (“[w]hen the tobacco industry or its allies vehemently oppose a proposal, we know it will be effective”[205]) adding to evidence that plain packaging would be an effective tobacco control measure.

Branding and brand-stretching (the practice of attaching a well-known brand to another product which is unrelated to the first) is another important part of promotion; having a brand identity is now a “dominant feature of contemporary marketing”[137]. Probably the most successful cigarette brand ever created was PM’s “Marlboro Man”[17]: In 1954, a cowboy was introduced as the *Marlboro* symbol and over the next few decades *Marlboro* cigarettes were rebranded from a product targeted at women to one branded as a symbol of adventure, independence, masculinity and freedom. Alongside the actual cigarettes, *Marlboro* developed a number of sideline products such as *Marlboro Classic* clothing (garments which were marketed as having strength and endurance), *Marlboro Unlimited Gear* (branded items including gas stoves, rucksacks, and outdoor watches, all “built for adventure”), and later, in the 1990s, competitions were launched for holidays to cattle ranches[17]. Since the 1970s, PM has spent over \$100 million (2006 dollars) per year advertising *Marlboro*, and in 2006 *Marlboro* “was the 12th most highly valued brand worldwide, with an estimated \$21.4 billion in brand equity”[17].

Price can be used very successfully as a promotional tool. As outlined previously, in the USA in 2011, 84% of the \$8.366 billion that was spent on advertising and promotion by the five largest US cigarette manufacturers, was spent on price discounts paid to retailers in order to reduce prices for consumers[179]. Given that smokers, especially young smokers or those from other vulnerable groups[17, 206, 207], are very price sensitive it is a very effective marketing tool. Price promotions

can include 'money off' promotions, vouchers, free samples, multi-pack discounts, free additional cigarettes, and free promotional items[158]. A 1999 study of price-based promotions in 3,464 tobacco-selling stores in 191 communities across the US before and after a ban on billboard advertising found that multi-pack discounts were observed in 23% stores before the ban and 27% after (which was a statistically significant increase), and money-off promotions were observed in 32% stores before the ban and 41% after (which was again significant)[208], indicating that price promotions are common and that the TI simply shifts marketing expenditure to non-banned media when other routes are restricted[208-210].

3.2.3.2 Alcohol

As with TI marketing expenditure, the vast majority of countries do not require the AI to report their marketing expenditure so again only US data is reported. The USA's Federal Trade Commission reported aggregate marketing expenditure of "14 major alcohol marketers" in the USA in 2011[211]. The data showed that \$3.45 billion was spent on marketing in the USA, the majority of which was spent on POS (almost \$1 billion, 29%), national TV adverts (\$780 million, 23%), and sport sponsorship (\$400 million, 12%); approximately a third of marketing expenditure was spent on traditional media (TV, radio, magazines and newspapers)[211]. Additionally, US data from 2002 showed that over two thirds of advertising expenditure was spent on beer, approximately a quarter on spirits, and the remainder on wine[212].

Unlike tobacco, alcohol is not (generally) subjected to comprehensive restrictions on advertising and promotion. This means that the AI can still use 'traditional' media such as TV (and product placement within TV programmes), radio, print media, and billboards to promote their products.

TV is an important outlet for AI marketing, and companies and brands often sponsor popular TV shows; "it remains the most overt means of marketing alcohol"[213]. In the US for example, between 2001 and 2005, there was a 34% increase in the number of alcohol advertisements on TV, and in these five years there were an estimated 1.4 million televised advertisements for alcohol[214]. A European study found that there were over 11,000 TV adverts between May and October 2010 in Bulgaria, Denmark, Germany, Italy and the Netherlands (the most were aired in Germany, over 3,000, and least in the Netherlands, over 1,500)[215]. In each country, except Denmark, beer was the most advertised product on TV (in Denmark, spirits were the most advertised), and TV adverts were most common at the weekend and between the hours of 8pm-1am[215]. Alcohol is also often seen

within TV programmes. A study in 2004 of 144 episodes of 18 different top-rated, prime-time programmes in the US found that alcohol was present in every programme and in every episode of ten of the programmes[216]. It also found that wine was the most commonly shown alcoholic drink (as the sole alcohol type 40% of the time), followed by spirits (18%) and beer (11%), and in 31% instances multiple alcohol types were shown in the same scene[216].

Alcohol is also commonly seen within films. For example, a study of the 15 highest grossing films in the UK between 1989 and 2008 (300 films in total) found that 86% films had at least one 'alcohol appearance'[217]. Alcohol use was identified in 72% films, inferred alcohol use in 79% films, and branding occurred in 35% films (*Budweiser* beer was the most common brand to appear). 90% of the films that included alcohol branding were rated as suitable to be viewed by youth (but there was no alcohol branding in films rated U), and at least one alcohol appearance occurred in 52% U-rated films, 84% of PGs, 95% of 12/12As, 96% of 15s, and 100% of 18s[217]. Another study, of the top grossing 100 films each year released in the US between 1996 and 2009 (1,400 films), found that there were a total of 2,433 alcohol brand appearances (*Miller* and *Budweiser* beer were the two most common brands) and that in youth-rated films, the number of brand appearances significantly increased by 5.2 instances per year[183].

In 2012 it was reported by "14 major alcohol marketers" in the US that just under \$100 million was spent on advertising in newspapers and magazines[211]. Advertising in print media "represents a small proportion of the marketing spend for alcohol manufacturers, but is widely utilised by alcohol retailers"[213]. Between 1997 and 2001 in the US there were over 9,000 adverts in 35 major magazines, 82% were for spirits, 13% for beer, and the remainder for wine[218]. The annual number of adverts in these magazines was found to decrease overtime[218]. Similarly, between 2001 and 2004 in the US it was found that there were over 13,000 adverts in national magazines[219]. Spirits were the most advertised form of alcohol in national magazines (almost three quarters of the adverts were for spirits) but the number of adverts decreased over time; in contrast the number of beer and wine adverts increased over time[219].

The AI is increasingly using the types of media that are popular with young people as it needs to attract new consumers and establish brand loyalty[220]. The marketing of alcohol to young people involves linking the drinks "to youth lifestyle through music, fashion, use of animation and sports"[221]. For example, alcohol

companies promote their products on the radio through “DJ chat or [in the] lyrics of popular music”[137]. A study of 793 songs which US adolescents were most exposed to between 2005 and 2007 found that 21% ‘referred explicitly to alcohol’ and of these 24% contained reference to a specific alcohol brand[222]. These brand references were commonly associated with wealth (63%), sex (59%), luxury objects (51%), partying (49%), weapons (27%), and other drugs (44%)[222].

AI sponsorship is also very common. “Sponsors can cash in on the prestige, fun or glamour of the event, accessing audiences when they are receptive during an enjoyable or exciting time”[137] which was echoed by *Carling* in their reference to music sponsorship: “Ultimately, the band are the heroes at the venue and Carling should use them to ‘piggy back’ and engage customers’ emotions”[220]. Sports sponsorship is particularly common, for example in 2012 it was reported by “14 major alcohol marketers” in the US that they spent \$400 million on sport sponsorship and \$220 million on non-sport sponsorship[211]. Sports sponsorship includes, for example, naming rights of teams or competitions (*Carling*, for example, was the named sponsor of England’s football *Carling Cup* between 2003 and 2012[220]), being the sole alcohol supplier at an event or for a particular team, merchandising, and placing billboards inside stadiums[137]. A study of the ten top clubs of the five most frequently played sports within Bulgaria, Denmark, Germany, Italy and the Netherlands (50 clubs per country) were assessed for AI sponsorship in 2010[215]. In Bulgaria only 1/50 clubs was sponsored by the AI, 10/50 clubs were sponsored in Denmark, 23/50 in Italy, 24/50 in the Netherlands, and in Germany 36/50 clubs were sponsored[215]. Sport sponsorship was shown to vary significantly by sport and by country, but appeared to be most prevalent in the more international sports/clubs (such as football and basketball).

Festivals are also often sponsored by the AI, for example it was found that almost half of festivals in Sweden in 2012, whose visitors are predominantly under the age of 25, were sponsored by an alcohol brand or company[223]. Analysis of internal AI documents have found that *Carling* aims to be “the first choice for the festival virgin” in the UK by offering, for example, free branded tents (“Quick opportunity to get major brand presence on site”) and a free ‘Campsite Morning Delivery Service’ including “a cold can Carling and the daily newspaper – Great way to start the day!”[220]. Partnerships with bands are also common, for example in 2010 Denmark’s Royal Unibrew partnered with Danish rock band ‘Kashmir’ launching a website-based competition where new bands could submit photos and a song with the hope of winning an opportunity to support ‘Kashmir’ on their 2010 tour[215].

Similarly, the AI often uses celebrities to endorse their products, especially when appealing to younger segments of the market. Recent UK examples of celebrities endorsing alcohol products include Jean Claude Van Damme (actor) who in 2012 began appearing in TV adverts for *Coors Light* beer (which has continued to date), Holly Valance (actor/singer) who appeared in adverts for the beer *Fosters* in 2011, and, more globally, Madonna (singer) partnered with Diageo's *Smirnoff* in 2011 and in one of her 2012 music videos *Smirnoff* is the only drink available behind a bar and there are multiple shots of *Smirnoff* bottles[224].

As outlined in the tobacco section previously, the Internet has had a huge effect on the way companies operate and how they market their products. Most alcohol companies have their own websites, and usually ask users to verify their age before being able to access the website's content, although this is almost always ascertained by simply ticking a box agreeing that the user is over the necessary age (this is also applicable to many TI websites). An Australian wine website (www.wickedwines.com.au) aimed at 'younger wine lovers' contained an "initial warning `This site contains wads of wickedness. If you're easily offended or not in the mood for some harmless fun, you'd better get out of here really quick'"[225], which could encourage young Internet users to continue onto the website with its use of exciting and enticing language. When, during a UK parliamentary inquiry (see sub-chapter 4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing), it was pointed out that a child could easily enter these websites using a false date of birth or age, a *WKD* representative replied that there's little they could do if a child makes a "wilful choice to lie"[220]. Alongside product information, AI company websites often contain games, competitions and downloads[213]. The website for *Smirnoff Vodka*, for example, contained a list of bars and upcoming events, competitions, video interviews with fashion designers and musicians, and interactive features[213]. 'Advergames' are online games integrated with company branding, and often appear on company websites[213]. Advergames typically feature significant branding and product placement (including brand names, logos, product images (such as images of bottles), characters, slogans, and colours associated with the brand) and commonly integrate brands into the game's storyline; "the overall effect is to expose players to brand references for extended periods of time, and to do so in a way that is interactive and highly engaging"[213].

Aside from hosting their own websites and purely placing advertisements onto web pages, companies can use the Internet to organise promotional activities and

interactive events for consumers to get involved in. Social networking sites such as Facebook and Twitter are key platforms for this to take place. For example, the alcohol brand *Southern Comfort* announced in 2009 that its entire US marketing budget was to be spent online, with its main outlet being Facebook[226, in 227]. Like many brands, *Southern Comfort* has its own Facebook page² which includes photos of products, information about events, and asks Facebook users to comment on its statuses and updates. For example, when the *Southern Comfort* page was visited on 3rd April 2012 the latest post was “Who else had a great weekend? Prove it! Post some photos or share stories of you and your crew celebrating. (Bonus points if Southern Comfort is included in the pics or stories.)”, thereby encouraging users to post a photo or story that included *Southern Comfort* in a positive, fun light. Similarly, Diageo, which owns alcohol brands including *Guinness*, *Smirnoff*, and *Baileys*, announced a multimillion-dollar deal with Facebook in 2011. Diageo trained more than 950 of its staff in “Facebook boot camps” in order to effectively work with social media, and Facebook will provide Diageo with strategic consultancy to ensure that “the development of consumer participation programmes are social by design”[228]. Facebook has proved to be a very effective method of marketing for Diageo. Its brands saw a 20% increase in sales in the USA as a result of Facebook promotional activity, and in 2011 *Smirnoff* vodka was “the number one beverage alcohol brand on Facebook worldwide”[229].

An Australian study of alcohol brands on Facebook highlights the main ways in which companies interact with potential and current consumers[230]. These included: associating drinking with specific times and places, asking consumers to interact, using mythology and popular culture to build a brand personality, offering consumption suggestions, using images, and running competitions. For example, Al Facebook posts are most common on a Friday, with brands posting messages ‘anticipating the weekend’. One example outlined is that of “*Bundaberg Rum*’s ‘Bundy R. Bear’ Facebook page which personifies the brand in the character of Bundy Bear”. An example given of a Friday post was an image of Bundy Bear’s arm wearing a *Bundaberg Rum*-branded watch which was captioned “118 minutes till Rum O’Clock. Hang in there team”; this post received 683 ‘likes’ and 53 comments[230]. Many posts ask consumers a question, usually related to the product or to popular culture (this can be seen in the *Southern Comfort* example above). They also often ask consumers to “express sentiments about the brand”, for example *Absolute* posted the question “Which one do you prefer?” underneath a

² www.facebook.com/southerncomfort

photo of two of their cocktail brands (this post received 568 'likes' and 191 comments)[230]. Almost 60% of the content posted by brands in the study attempted to create a 'personality', i.e. creating characters, having 'personable conversations' about popular culture, shared sentiments and values, making jokes, and developing 'myths or narratives about their history, founders and production'[230]. *Jack Daniel's*, for example, has told stories about the history of their distillery and their founders (Figure 19), and *Carlton Dry* regularly uses humour and irony through the posting of 'funny' photos or Internet memes[230]. 'Consumption suggestions' are often in the form of cocktail or food recipes[230]. For example, 'strawberry and lime *Rekorderlig* cupcakes' (Figure 20, left) and an 'unnamed' *Smirnoff* cocktail (Figure 20, right). Facebook is also regularly used as, what *Smirnoff* term, a "competition medium"[220]. For example, a *Smirnoff*-sponsored Facebook competition was used to find a new dancer for the singer Madonna's new tour[224], and was again used by *Smirnoff* to give away free tickets to their 'Electric Cabaret' nightclub events[220]. Similar methods are used on other social networking sites and websites[213, 231].

Figure 19: A *Jack Daniel's* Facebook post



(Source: [230])

Figure 20: Alcohol consumption suggestions on Facebook



(Source: [230])

As content tends to be less formally regulated[230, 231], online marketing provides the AI with an arena for “creative freedom”, giving them access to young consumers who are “always looking for the new things to tell their mates about and share on their Facebook/Twitter”[220]. The AI therefore often aim for their messages to appear as though they are “from a trustworthy friend rather than a company”; as an internal document from *Carling* said “It should look like it’s come from your mate, but is in fact Carling branded”[220]. Additionally, much online alcohol-related ‘promotion’ is user-generated through individuals discussing and posting photos relating to drinking alcohol on social networking sites[138, 232, 233].

Marketing via mobile phones is also growing. Text message promotions are popular across the world, for example in Venezuela, Cervecería Regional put codes under beer bottle caps where drinkers could text a number to potentially win a prize (ranging from beer to a car), in Singapore, Asia Pacific Breweries invited potential consumers to “have a beer on us” via text message where customers were given a unique code that could be redeemed for a free drink in certain bars[137], and in the UK *Sidekick* (a flavoured vodka drink) ran a promotion called ‘Celebrate Your Sidekick’ where customers could text a code found underneath the bottle’s label in order to win prizes such as Apple iPods, iPhones and iPads for themselves and a

friend[234]. Additionally, with the introduction of smartphones (including Apple's iPhone, and Google Android phones), 'apps' are now prolific. An example developed by *Absolut Vodka* entitled 'Drinkspiration' allows users to find cocktail recipes, create drinks based on what they say they have at hand, and share their own drink collections with friends on Facebook[235].

The packaging of a product is another important part of promotion. The colour, shape, and material of alcohol packaging can help to attract customers[215] and particular target markets. Alcopops, for example, are designed to be drunk directly from the bottle ('brand-in-hand') and allow consumers to "use the product's brand values to communicate with their peers"[236]. Alcopops are often packaged in similar ways to soft drinks in bright and colourful packaging[139] (Figure 21). Innovative packaging is also often used to appeal to young drinkers, for example colourful shots packaged in test-tubes and drinks in sachets[137]. Some new premixed cocktails have begun to be packaged in 'squeezable pouches', which the consumer can freeze at home and then squeeze into a glass "as a no-mess way to enjoy fancy bar drinks at home"[237]. Many brands also sell products in limited edition packaging, for example Figure 22a which shows limited edition *Absolut* vodka packaging from Italy. The 2014 football World Cup saw many brands developing exclusive and limited edition packaging. For example, *Budweiser* was an official World Cup sponsor and used an image of the World Cup trophy on their promotional golden bottle (Figure 22b), and beers in Belgium, Spain and Croatia included pictures of members of their national football teams on their cans for fans to collect[238]. Also, in the Netherlands *Heineken* sold promotional cans which together spelt "Go Orange!" in Dutch (in reference to the Netherlands' national football team colour). As one style of can was sold each week for three weeks, fans needed to buy the promotional cans for three consecutive weeks to complete the set (Figure 22c)[238].

Figure 21: Alcopops on a UK supermarket shelf



(Source: [239])

Figure 22: Limited edition alcohol packaging



(Source: a [215], b and c [238])

Price-based marketing is also a huge part of the AI's marketing strategy, and the AI argue that it forms an important part of brand awareness and in helping new products to market[57]. Particular consumers, such as heavy drinkers and young people, are especially price sensitive[57] and therefore responsive to price promotions. In the UK, it has been noted that "the problems of price relate primarily

to supermarket sales” (although the AI argue that retailers set prices, not producers) and that between 1990 and 2008 alcohol has become more affordable as the price of alcohol rose by 85% whereas average incomes rose by 112%[57]. Cheap alcohol is a permanent feature in shops and supermarkets, and they almost continually aggressively advertise special offers and discounts such as two-for-one deals, half price offers, and bulk buy discounts[240]. Shops and supermarkets also sometimes sell alcohol at below-cost price to entice customers into the store[241]. The quadrennial football World Cup appears to be a time of “particular intensity” of below-cost selling; for example, during the 2006 football World Cup alcohol worth approximately £38.6 million was sold in supermarkets below-cost in the UK[241]. Overall, approximately 30-40% of alcohol sales in UK supermarkets are products that are part of a promotion[57]. Pubs and bars also routinely discount alcohol too, for example ‘happy hours’ where alcohol is cheaper between certain times, ‘ladies nights’ where women drink for free, promotions such as ‘drink all you can for a fiver’, and promotions that relate to a specific event such as a football match where drinks would be discounted until, for example, the first goal was scored[57, 242-244].

Finally, there are two recent examples of AI promotions that are particularly noteworthy. First, in Ireland in 2009, Diageo, the owners of the beer *Guinness*, launched Arthur’s Day. Arthur’s Day aims to encourage people to ‘raise a pint’ to the founder, Arthur Guinness, at 17:59 to mark the year of the company’s establishment[245]. Each year Arthur’s Day occurs almost exactly six months after St Patrick’s Day (now a day which usually revolves around the consumption of alcohol) and always on a Thursday (typically a big drinking night for students)[245]. Since 2009 Arthur’s Day has grown, and in 2013 it involved over 1,000 paid musicians in pubs across Ireland, including headline acts such as the singer Tom Jones and the band Manic Street Preachers[246]. The Day is promoted in 55 countries, and has also been pushed by Tourism Ireland as a ‘cultural initiative’[246]. Arthur’s Day has, however, been widely criticised[247], for example, the Irish minister of state with responsibility for alcohol and drugs labelled it “a pseudo-national holiday” created solely to market Diageo’s products[245]. Second, and possibly the most innovative marketing stunt yet was developed by Canadian-based Molson who, in 2013, placed bright red fridges in multiple European cities and towns including London, Brussels, rural Belgium, and Dover[248]. In order to open the fridge, a Canadian passport had to be inserted into an electronic reader in the fridge’s door; Canadian’s would then be rewarded with free beer[248]. The marketing tagline was “Here’s to being proud of where you’re from”, and caused

crowds to gather and ‘toast all things Canadian’[248]. The marketing stunt was repeated in Sochi, Russia for the Winter Olympics in 2014[249].

3.2.4 The 5P’s: Place

Place covers two distinct aspects: location (where the product is sold) and distribution (how the product gets to the sales location)[129]. The location and environment in which products are presented to customers is vital to their success[129, 157]. Within retail spaces, in-store displays and POS displays are the main way in which a company can encourage potential customers to choose their product over others.

3.2.4.1 Tobacco

The USA’s Federal Trade Commission reports marketing expenditure of the five largest US cigarette manufacturers, and showed that in 2011 \$77 million was spent on POS marketing, and a total of \$758 million on retailer and wholesaler promotional allowances (including allowances paid “in order to facilitate the sale or placement” of tobacco including the funding of shelving, merchandising, and incentive payments)[179]. In store marketing is clearly of huge importance to the TI. As RJR noted in 1978:

“Simply stated, the point-of-purchase is where the action is – it’s the retail environment. It’s a specific location in a store, it’s product display, and it’s in-store advertising. Importantly, and perhaps not so obviously, the point-of-purchase is also in the mind of the prospective consumer”[250]

On shelves within stores, tobacco products are often highlighted either by a bright backing or a shelf insert in order to accentuate the brand over those produced by a competitor. Tobacco companies have also been known to have their own independent stalls within existing stores selling tobacco in order for company reps to directly sell to customers. In one example, JTI set up a display stand within a small convenience store in London, UK, where, upon hearing a customer ask for cigarettes, the rep would offer the customer a similar JTI product with up to £1 off the recommended retail price[251].

Feighery et al[252] found that tobacco companies also offer retailers financial inducements such as discounts if sales targets are met. However the TI also exerts a great deal of control over the retail space including requiring retailers to place their products in certain locations and also place certain amounts of advertising in

particular spaces within the store. For example, an independent tobacco store manager said “Some reps require contracts; they have different volume levels. The contract asks for prime advertising location in the store, near the first register or a banner outside. The store would get a payment” and another said “They come in and say I want 45% of your space, if that is the market share they command in the area. They say, ‘I will provide the rack/bin and I will pay you 35 cents a pack for a year’....You have to maintain the right percentage of their product, put up signage”[252]. Another convenience store manager reported how tobacco companies compete with one another for prime placement, “The tobacco companies have the displays and they were trying to outbid each other...They are trying to get the space right behind the counter where the racks are.... They want the customer to see the cigarettes and the price right behind the cashiers”[252]. However, in countries such as England, Canada, Norway, Croatia, and Ireland tobacco products are banned from being displayed at the point of sale in all or certain types/sizes of shops[253, 254].

3.2.4.2 Alcohol

The USA’s Federal Trade Commission reported aggregate marketing expenditure of “14 major alcohol marketers” in the US in 2011, and found that almost \$1 billion was spent on POS marketing and \$159 million was spent on promotional allowances for retailers[211].

Within stores, end-of-aisle promotions are common. For example, during the 2014 football World Cup, in the Netherlands an end-of-aisle football stadium was created out of *Heineken* cans (in six-packs) and crates, and in Belgium collectable *Jupiler* beer glasses were placed at the end of food aisles with the slogan “We are ready”[238]. Additionally, large displays of discounted alcohol are a common sight within supermarkets, “if you walk in [to a supermarket] now you will trip over a three-for-two offer” at the very front of the store[57].

Alcohol companies are also investing heavily in POS promotion such as novel modes of delivery, using large screens to advertise their products in youth-orientated bars, and sponsoring themed bars, pubs and concert venues[137]. For example, in Bangkok, outdoor music venues have been themed using the colours of different beer-brands[137]. Alcohol companies also pay for their brand to have a premium spot behind the bar, and will often use colourful backing or pedestals.

Alcohol must also be sold in locations that appeal to the products’ target market, for example women have been found to prefer to buy alcohol in supermarkets rather

than specialist alcohol stores[255]. Also, the competition of alcoholic products (such as alcopops) with non-alcoholic products means the AI is continually looking for new outlets, “alcohol products need to be as accessible to the target groups as soft drinks if they are to compete effectively”[255].

3.2.5 The 5P's: Person

There are a plethora of factors that affect individual's interpretation of advertising, and there are two main arguments pertaining to this; 'standardisation' and 'adaptation'. Many argue that due to globalisation consumer demand and preferences have converged and, in many cases, how consumers have been taught to use and interact with specific products now carries few culturally specific references[256], meaning individuals around the world react and respond similarly to advertising; this is called 'standardisation'[256-258]. Others argue that individuals in different countries interpret advertising messages differently to one another due to cultural, value and lifestyle, political, linguistic, economic (including stages of economic and market development), historical, religious, and socio-economic differences[256, 257]; this is called 'adaptation'[256-258]. For example, prior to 1990, advertising in Central and Eastern Europe was mostly used as an information tool, and had “negative connotations...as a tool for capitalist propaganda”[259]. This may mean that individuals in these countries interact with marketing differently to those in other countries, or that older individuals interact differently to younger individuals due to stronger memories of this previous use of marketing[259]. “Limited availability and cost of communication media”[257] undermines the suitability of 'standardisation' as access to different technologies around the world varies; for example TVs, the Internet, and mobile phones are commonplace in higher income countries but are still considered a luxury in many lower income countries[256]. These differences make truly *global* advertising campaigns hard for MNCs[256], and there has been “more country-specific adaptation than predicted”[258]. However, as globalisation is continually increasing and countries are becoming ever more connected (especially via the Internet and online media), transnational companies are able to increasingly harness the benefits that globalisation brings.

While the benefits of globalisation are increasingly being utilised, companies have also realised that a 'one size fits all' approach to marketing does not always work and that marketing often needs to be tailored to particular target groups; targeted marketing is “now the essence of modern marketing”[177]. Targeted marketing is “based on the notion that if you speak to consumers in a way that resonated with

their attitudes, beliefs, values or behaviour, they will respond favourably to what you are marketing”, and research has indeed shown that consumers are more persuaded by targeted marketing than more general messages[177]. Between and within countries, populations are usually divided into segments representing different purchasing behaviours[177, 260]. In order to segment a population, people are categorised using “demographics (such as age, race/ethnicity, gender), consumer behaviour (for example light versus heavy product users), psychographics (including lifestyle, personality characteristics), [and] geographic location (for example neighbourhood, region)”[177]. Individuals are also likely to partake in similar activities to their peers, friends, and family. Network analysis has been used to explore the impact of people’s social networks on their health, and significant correlations have been found for many health behaviours/outcomes including smoking[261], alcohol consumption[262], and obesity[263]. After identifying groups of people who are expected to respond similarly, a corporation can then more effectively target their marketing towards them; either as country specific marketing, or multi-country marketing targeting a particular segment.

3.2.5.1 Tobacco

The TI uses targeted marketing in order to reach different segments of their potential market. Men and women are usually targeted separately. In the early 20th century, men represented 95% of the tobacco market in the US, and much of the advertising depicted male smokers as “strong, powerful, macho, rugged, and independent”[17]; this imagery is still used in many L/MICs. During the first world war, many women were employed in traditionally male occupations and started to dress differently (for example, wearing trousers) and partake in ‘male’ behaviours such as playing sport and smoking[264]. Smoking was used by women in order to challenge the “traditional ideas about female behaviour”, and in the US in the 1920s/30s the TI seized the opportunity to shape social norms and “exploit ideas of liberation [and] power” to market cigarettes to women[264]. One aim of American Tobacco was to “challenge the taboo against women smoking in public” and so in 1929 they hired women to smoke their ‘torches of freedom’ during a New York City march against inequality[264]. Equating smoking with gender equality and women’s rights still occurs in less-developed countries, where individuals aspire to Western values[131, 265]; women’s empowerment is correlated with women’s smoking prevalence[266]. Women have been the target of tobacco companies all over the world. For example after South Korean trade liberalisation in 1988 women were targeted with mild/light brands and ‘slim’ and ‘superslim’ cigarettes[267], after the

collapse of the Soviet Union in 1991 women in FSU countries were targeted with milder, filtered brands resulting in large, rapid increases in female smoking prevalence[35, 268, 269], and in the US PM identified four categories of women, '90s traditionalists', 'uptown girls', 'mavericks' and 'wallflowers' and "approached marketing to each group differently"[270]. In part due to these techniques, the gender gap in most HICs has narrowed, but in most MICs and LICs female smoking rates still remain lower than male rates[266].

Despite their insistence that they do not market to underage smokers, there is much evidence of the TI targeting youth; "the base of our business is the high school student"[271]. For example, analysis of internal TI documents found that in Argentina the TI studied the attitudes, lifestyles and aspirations of "young adults" in order to develop marketing campaigns, and that the identified "psychographic segments" were different to those in other countries therefore requiring tailored marketing[270], and additional analysis of internal TI documents found that in the US in the 1980s and 1990s, the TI attempted to "integrate smoking with nightlife, music, and sports" and used methods such as dance contests, cigarette sampling, and games with prizes ranging from cars to TI-branded items in order to reach the youthful segments of the market[272]. The youth market has been targeted through many mediums, even the televised 'Flintstones' cartoon between 1960 and 1966 showed the main characters smoking *Winston* cigarettes[17]. A 2013 documentary by a French journalist, Paul Moreira, highlights that marketing practices banned in the developed world (such as offering free samples, celebrity endorsements, sponsorship of sporting and music events, and adding 'juvenile' flavourings to tobacco products) are still being used by the TI in developing countries to attract children and young people[113].

The TI have also been known to specifically target disadvantaged areas with minority populations[17]. One example is Brown and Williamson's use of music to target African American's and inner-city neighbourhoods in America[186] outlined above (sub-chapter 3.2.3 The 5P's: Promotion). Through analysis of six communities between 2000 and 2002 within Boston, USA, it was observed that there were significantly more TI adverts in lower socioeconomic communities compared to higher socioeconomic communities[273], and analysis of four "predominantly ethnic neighbourhoods" between 1993 and 1994 in Los Angeles, USA, found a significantly higher density of tobacco billboards in the African American, Hispanic and Asian neighbourhoods compared to the predominantly White community[274]. Analysis of internal TI documents has shown that in the US

the TI has specifically targeted inner-city African American communities (particularly with menthol cigarettes[275, 276]), and young, less educated, lower income, urban individuals[277], and additional analysis of internal documents has showed that the TI specifically targeted low socioeconomic status women in the US from the 1970s onwards with methods such as price discounts, distributing discount coupons with 'food stamps', POS marketing, and developing new brands specifically for low income women[278].

3.2.5.2 Alcohol

Women have been increasingly targeted by alcohol companies[215]. In the UK, women's alcohol consumption is growing, and those aged between 18-25 years-old consume more alcohol than their counterparts in any other country[279]. Globally many alcohol products are being targeted towards women, including those traditionally drunk by men. For example in the Netherlands *Heineken* beer was sold in an "elegant" 'slim can' with the aim of increasing beer consumption among women[215] and separately *Heineken* beer was advertised in women's magazines and a new rosé beer was developed[279], in the USA *Amstel Light* beer was introduced with adverts showing women partaking in traditionally male behaviours such as opening beer bottles with their teeth[279] and *Jim Beam Bourbon* launched 'fruitier, lighter' products aimed at women such as a cognac infused with red wine[280], and in Italy *Heineken* beer was sold with free lip gloss and a bottle of wine was sold with free 'Hello Kitty' jewellery[215]. Alcohol is often advertised to women with reference to calories, for example *Budweiser Select* beer is marketed as "the lightest beer in the world" with only 55 calories and was advertised on the WeightWatchers website with the wording "Today's lesson in lightness: 55 calories means you can be "good"...and still have a good time", and '*Bacardi* and diet cola' has been advertised as having "0 carbs, 0 sugar"[281]. In the US alcohol marketing also frequently refers to its 'natural' (vodka, beer, tequila), 'organic' (tequila) or 'antioxidant' (beer) properties[281]. However, women are not just being targeted in the West. For example, in 2013 it was reported that the female segment of alcohol consumers in India was growing quickly as "many producers sponsor fashion shows and music festivals, while some have hired Bollywood stars for related promotions", and the concept of women drinking alcohol is slowly becoming more socially acceptable[282].

Much alcohol marketing targets young drinkers, who are often segmented into 'starter' drinkers and 'established' drinkers[236]. The AI has developed new products specifically aimed at youth (such as alcopops, see 3.2.3 The 5P's:

Promotion above) and even opened new outlets such as themed pubs and clubs[236]. By studying alcohol adverts in 103 national magazines, and gathering age and sex readership data, research in the US has shown that underage youth are more exposed to advertising for beer, spirits, alcopops and low-alcohol products (including, for example, alcoholic lemonade) than those of legal age (21 years and older), and between 2001 and 2002 girls' exposure to advertising of alcopops and low-alcohol products increased by 216% compared to just 46% for boys[283]. Internal AI documents have shown that *Smirnoff* and *Carling* have identified students as a key target market, and that the *WKD* 'brand' "should talk at the level of the target audience – young people" and "funny is the most important thing...not take itself too seriously, fresh, witty, a funny brand that doesn't take itself too seriously"[220].

Like the TI, the AI has been found to specifically target disadvantaged or minority populations. In a US study, it was found that there was more alcohol marketing in communities with high black and Hispanic populations, and there was significant alcohol marketing directed specifically towards black populations[284]. It has also been found that between 2008 and 2009 African American youth aged 12-20 years-old were exposed to more alcohol advertising in magazines (32% more) and on TV (17% more), and more advertising for spirits on radio (32% more), than all youth aged 12-20[285]. This was explained by the authors as due to both higher media use by African Americans and by the existence of alcohol brands that appeared to be specifically targeted towards African Americans[285].

3.3 The Extent and Impact of Tobacco and Alcohol Industry Marketing

TI and AI marketing are common globally. This is a concern given that both TI and AI marketing has been shown to negatively impact health through encouraging the consumption of tobacco and alcohol products, the evidence for which is outlined below.

3.3.1 Tobacco Industry Marketing

3.3.1.1 Extent

It has been argued that understanding the extent to which, and how, tobacco is marketed is key to halting the tobacco epidemic[286]. There are a number of small studies which have examined levels of specific types of marketing in individual countries, for example the USA[208, 273, 287-290], Guatemala and Argentina[291],

and rural South Africa[292]. In addition there are three major international studies examining youth (WHO Global Youth Tobacco Study (GYTS)[293]) and adult (WHO GATS[39] and International Tobacco Control (ITC) Project[294]) exposure to marketing across multiple countries. However, to date, these data have predominantly been reported at individual country level on the studies' websites[39, 293, 294] or very briefly or without formal statistical comparison of between country differences[295-297]. Only in one study have the data been used to formally compare levels of marketing between countries: Li et al's[298] study used ITC data collected between 2005 and 2006 to compare smokers' exposure to marketing in Thailand, Australia and the USA to exposure in China. For example, it was reported that 29% adults reported exposure to in-store tobacco advertisements in China, compared to 85% in the USA, 33% in Australia, and 4% in Thailand (differences in exposure compared to China were significant ($p < 0.05$) for each country), and 28% adults reported seeing sponsorship (sports and/or arts) in China, compared to 27% in the USA, 22% in Australia, and 4% in Thailand (differences in exposure compared to China were significant ($p < 0.05$) for the USA and Thailand)[298]. Although reporting interesting figures, this study does not report marketing exposure at the community level, and does not control for media access or ownership, country income group, or community type.

3.3.1.2 Impact

Many studies have shown that TI marketing plays a significant role in smoking initiation amongst young people and in increasing smoking prevalence. The National Cancer Institute's (NCI) 2008 19th monograph arguably provides the most in-depth summary of the evidence, and concludes that:

"[t]he total weight of evidence – from multiple types of studies, conducted by investigators from different disciplines, and using data from many countries – demonstrates a causal relationship between tobacco advertising and promotion and increased tobacco use"[17]

Multiple additional systematic reviews have also concluded that there is a strong relationship between TI marketing and different smoking-related outcomes. For example, a literature review of 29 studies and published in 2006[18] found that exposure to tobacco marketing increases the risk of initiation, that a dose-response relationship exists (i.e. increased exposure to tobacco advertising leads to a greater risk), and that the relationship is robust having been observed using many methods,

across multiple populations, with different types of marketing, and still exists after controlling for confounders. The authors concluded that there is “no explanation other than causality [that] can account for the evidence”. A cochrane systematic review published in 2008[19] included nine longitudinal studies that followed over 12,000 adolescents (aged 18 or below) and found that exposure to TI marketing, in the form of advertising and promotions, is associated with future smoking initiation amongst adolescents (although two of the included studies found a relationship among girls but not boys). And a systematic review of 12 studies (ten of which focussed on young people under the age of 18) and published in 2009[20] found that a number of quantitative studies identified an association between POS marketing and increased smoking susceptibility, experimentation, and uptake among youth. One of the two adult studies included also showed that POS displays prompt impulse buying and urges to smoke, and undermined quit attempts. The authors state, however, that it is hard to estimate the effect of POS marketing alone as it may have been diluted by “noise” from other forms of marketing.

The three systematic reviews outlined above[18-20] comprised 43 unique studies (7 studies were included in more than one of the reviews); 26 studies were from the USA, five from England, four from Australia, two from Spain, one from Scotland, one from India, one from Norway, one from the Gambia, one from Japan, and one from Canada. Most of the 43 included studies focussed on marketing’s impact on youth; 39 studied young people (aged 18 or younger), two studied those over the age of 18, and two studied children and young people up to the age of 19. Additionally, 23 of the included studies looked at the impact of adverts/advertising in general, 12 focused on POS/in-store marketing, six assessed the impact of owning/liking/wanting promotional items, four looked at tobacco branding, two studied the impact of sport sponsorship, two looked at magazine/newspaper marketing, one focussed on TV marketing, and one studied billboard marketing (some studies looked at multiple marketing areas).

There have also been many individual studies using primary data that have not been included in the three systematic reviews outlined above. Having completed a literature search, research on the impact of smoking or smoking-related imagery in films[2, 299-301], the impact of branding[302], and the impact of advertising and marketing in general[303, 304] has taken place in HICs including the USA[299-301], Iceland, Scotland, England, the Netherlands, Germany, Poland, Italy, and Hong Kong[2], and in MICs and LICs including China[302, 303], Brazil, India, Nigeria,

Pakistan, Russia[302], Mexico, Thailand[2], Libya, Egypt, Morocco, Tunisia and Sudan[304].

Although a broad range of countries are represented in this brief review, there does appear to be a bias in the existing research towards HICs and especially the USA. The literature is consistent in confirming a significant relationship between TI marketing and smoking initiation and consumption. For this reason the WHO's Director-General in 2000 described the tobacco epidemic as a "communicated disease - communicated through marketing"[305].

3.3.2 Alcohol Industry Marketing

3.3.2.1 Extent

It has been argued that understanding the extent to which, and how, alcohol is marketed is key to mitigating the potentially harmful effects of alcohol use[137], yet very little is known about levels of marketing globally. The limited existing literature on levels of marketing is entirely focussed on communities within HICs and relies on observational data[244, 306-311]; no studies have used self-reported data (many collected self-reported advertising exposure as part of studies investigating precursors to alcohol use (see 'Impact' section below) but none used self-reported data to look explicitly at levels of marketing). No studies have comprehensively evaluated levels of marketing in multiple communities (urban and rural) or multiple countries simultaneously.

The International Alcohol Control (IAC) Study began in 2011 as an international collaboration between New Zealand, England, Scotland, South Korea, and Thailand and has since been extended to also include Mongolia, Australia, Saint Kitts and Nevis, Peru, South Africa and Vietnam[312]. The IAC Study is based on the methods of the ITC Project[294], and aims to collect data on the alcohol environment (including alcohol availability, pricing and taxation, alcohol marketing, and drink driving interventions) and on individuals aged 16-65 in each country (including information on alcohol consumption, policy-relevant information such as the price paid, demographics, and attitudes to policy)[312, 313]. The results from the IAC Study have yet to be published, but they are expected to make a large contribution to the very sparse literature on alcohol marketing levels globally.

3.3.2.2 Impact

As with TI marketing which has been shown to have a significant impact on smoking initiation and smoking prevalence, AI marketing has been shown, through multiple studies, to play a significant role in drinking initiation and drinking prevalence.

There are three key systematic reviews that have been published examining different elements of AI marketing[21-23]. A systematic review published in 2008 and focused on the UK[21] was comprised of three reviews, two of which are relevant to this thesis. The first review included 17 studies and concluded that “the effects of price changes on alcohol consumption are significant”, and although consistently negative there is large variation in the size of the relationship and effect. The second review involved 70 studies and found that there is consistent evidence that POS promotions, billboard advertising, advertising in print media, and advertising on broadcast media (TV, films, radio, music and music videos, the Internet) have an impact on drinking initiation and consumption levels, especially amongst youth, and owning alcohol-related merchandise was high among underage drinkers and binge drinkers. However, the authors conclude that due to the nature of many of the studies included, inferring causality for many of the advertising types was difficult. A review of seven cohort studies following more than 13,000 young people[22] (this study and all of the seven included studies were each included in the second review in[21]) published in 2009 demonstrated that there was a consistent association between alcohol advertising and drinking initiation, consumption and binge drinking in young people. This association was seen across a range of advertising types. However, the authors report that many of the studies failed to adequately account for some confounding factors, such as peer and family drinking behaviour. Another review published in 2009 included 13 longitudinal studies following more than 38,000 young people[23] (including all seven studies from[22] and 11 (including the seven from[22]) from[21]) and found that the included studies consistently (12 of the 13) showed that exposure to alcohol marketing is associated with drinking initiation and increased consumption amongst youth, and all controlled for confounders. A dose-relationship, where more exposure to alcohol advertising leads to a greater consumption of alcohol, was also found in multiple (seven) studies.

The majority of research included within the three systematic reviews outlined above[21-23] is focussed on the USA and other HICs such as the UK and New Zealand, although limited research has also been completed in other countries including Japan, India, Norway, Switzerland, Denmark, Mexico and Estonia. Additionally, most of the studies have focussed on marketing’s impact on youth (aged 18 or younger), or have studied the impact on adults and young people. Many of the studies included in the three systematic reviews outlined above[21-23] were models (for example, econometric models).

There have been some additional studies which have not been included within the systematic reviews outlined above[21-23] which have found, for example, that adolescents in Australia who reported seeing alcohol adverts in magazines, in stores, in pubs/bars, or on promotional materials were significantly more likely to have initiated alcohol consumption than those who had not seen adverts but there were differences by age and sex[314], and that adolescents in Scotland who engaged with alcohol marketing at age 13 were 31% more likely to have started drinking, and 43% more likely to drink more, at age 15 than those who had not engaged with alcohol marketing[315]. An additional small cochrane review was published in 2014 and included one randomised controlled trial and three time-series studies[316]. This review concluded that there was a general lack of high quality evidence regarding the effectiveness of alcohol advertising restrictions on alcohol consumption.

In summary, the majority of the available literature consistently shows a significant relationship between alcohol marketing and drinking initiation and consumption levels. Similarly to the tobacco review, above, the literature appears to focus on HICs and especially the USA.

Chapter 4: Tobacco and Alcohol Marketing Regulations, and Industry Influence

4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing

Due to the impact that tobacco and alcohol marketing has on smoking and drinking initiation and consumption, regulation pertaining to the marketing of these products has become a priority. Tobacco is much more heavily regulated around the world than alcohol; the main global policies are outlined below.

4.1.1 Tobacco regulation

While for many years countries allowed the TI to self-regulate its marketing practices, substantial evidence now shows that voluntary measures are ineffective[17]. It is also clear that partial advertising bans are ineffective because the TI “typically respond[s] to partial advertising bans in ways that undermine the ban’s effectiveness” and simply shifts its spending to ‘permitted’ media, which often includes ‘new media’, changes the target of its advertising, and uses its brand names on non-tobacco products[17]. Comprehensive bans are therefore needed as they have been shown to be effective[2, 17, 158, 317-319]. A complete ban on all tobacco advertising, promotion and sponsorship has been estimated to reduce consumption by around 7%, with some countries potentially seeing declines of up to 16%[2], showing that restrictions on marketing have the potential to have a very large effect on population-level health.

4.1.1.1 The Master Settlement Agreement

The litigation in the US that led to the Master Settlement Agreement (MSA) is well documented[see, for example, 320, 321-323]. In summary, in the 1950s epidemiological studies began linking smoking to, in particular, lung cancer, in the 1960s a number of individuals in the US began suing the TI for smoking-related deaths, during the 1970s to 1990s anti-TI advocacy and awareness of TI practices such as marketing to children increased, and in the mid-1990s the US Food and Drug Administration (FDA) declared nicotine as a drug and proposed regulating the sale and marketing of tobacco to youth[322]. Following this, 46 US states grouped together to sue the TI for the health care costs of tobacco-related morbidity and mortality. As this litigation could have almost bankrupted the TI, on the 20th June

1997 they agreed to enter a 'global settlement'[320]. Many versions of this settlement were put forward to Congress, but eventually a compromise was reached in 1998 and the companies agreed to the 'MSA'. The MSA included a payment to each State each year for future tobacco-related health care costs (saving the TI from paying past costs), which totalled approximately US\$10 billion per year, adjusted for inflation, based on each company's market share[320]. It also imposed certain restrictions on the marketing of tobacco products to the youth market, and provided funds to launch a national non-smoking campaign. Importantly for research into TI conduct, millions of pages of internal TI documents were released as part of the state litigation. There are now over 13 million documents available online in the Legacy Tobacco Documents Library³, hosted by the University of California, San Francisco. These documents have allowed researchers to create a clear picture of how the TI operates, the tactics it uses, the ways it attempts to stop, diminish, or circumvent legislation, and its opinions on all areas of its business, its customers, and policy.

4.1.1.2 The Framework Convention on Tobacco Control

The information gained from the MSA fed into the development of the WHO Framework Convention on Tobacco Control (FCTC)[324]; the WHO using its treaty making powers for the first time. It was adopted by the World Health Assembly (WHA) in May 2003, entered into force in February 2005, and has "since become one of the most rapidly and widely embraced treaties in United Nations history"[325]. As of November 2014 the FCTC had 179 Parties[326] out of 193 UN Member States[327], and covered over 87% of the world's population[328]. Notably two populous and important tobacco markets have yet to ratify the FCTC; the USA and Indonesia[326].

The FCTC is a legally binding evidence-based treaty, and Parties must meet their obligations by implementing the approaches it specifies[325, 329]. The FCTC "represents a milestone for the promotion of public health" and "reaffirms the right of all people to the highest standard of health"[325]. The FCTC covers all aspects of tobacco control from 'Article 8: Protection from exposure to tobacco smoke', to 'Article 13: Tobacco advertising, promotion and sponsorship'[324].

Given the importance of industry marketing in driving tobacco use[17-20] and evidence that complete bans on marketing are an effective means of reducing tobacco use[2, 17, 158, 317-319], multiple FCTC Articles make recommendations

³ <http://legacy.library.ucsf.edu>

regarding the marketing of tobacco products (Box 2[324]). Most notable is Article 13 which recommends a “comprehensive ban of all tobacco advertising, promotion and sponsorship” including, at a minimum, TV, radio and print media marketing, promotional incentives, and sponsorship of events[324].

The FCTC also made unprecedented reference to the role that the TI has played and will continue to play in the smoking epidemic[330]. The WHO Committee of Experts on Tobacco Industry Documents stated that “the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic”[330], explicitly highlighting the underhand nature of the TI, and the need for such stringent controls. Given the overwhelming evidence of the TI’s efforts to influence policy, Article 5.3 states:

In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law. ([330], emphasis added)

The ‘Guidelines for implementation of Article 5.3’[330] outline four ‘Guiding Principles’, as seen in Box 3.

Box 2: Selected marketing-related elements of the FCTC

Article 6: Price and tax measures to reduce the demand for tobacco

“implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption”

Articles 11: Packaging and labelling of tobacco products

“tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign...”

Article 13: Tobacco advertising, promotion and sponsorship

“Each Party shall...undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship”

At a minimum...each Party shall:

- “prohibit all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions”
- “restrict the use of direct or indirect incentives that encourage the purchase of tobacco products by the public”
- “undertake a comprehensive ban ... tobacco advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, within a period of five years”
- “prohibit... tobacco sponsorship of international events, activities and/or participants therein”

Article 16: Sales to and by minors

“...prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors”

“Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors”

“Each Party shall endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors”

Box 3: FCTC Article 5.3 'Guiding Principles'

Principle 1: There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests.

The tobacco industry produces and promotes a product that has been proven scientifically to be addictive, to cause disease and death and to give rise to a variety of social ills, including increased poverty. Therefore, Parties should protect the formulation and implementation of public health policies for tobacco control from the tobacco industry to the greatest extent possible.

Principle 2: Parties, when dealing with the tobacco industry or those working to further its interests, should be accountable and transparent.

Parties should ensure that any interaction with the tobacco industry on matters related to tobacco control or public health is accountable and transparent.

Principle 3: Parties should require the tobacco industry and those working to further its interests to operate and act in a manner that is accountable and transparent.

The tobacco industry should be required to provide Parties with information for effective implementation of these guidelines.

Principle 4: Because their products are lethal, the tobacco industry should not be granted incentives to establish or run their businesses.

Any preferential treatment of the tobacco industry would be in conflict with tobacco control policy.

4.1.1.3 National Policy

Many individual countries have implemented their own regulations with regards to tobacco marketing, either in line with or in addition to the FCTC. The bans that were in place in 2010 on direct (including TV, radio, magazine, e-mail, coupons, brand loyalty programs) and indirect (including brand stretching, event sponsorship, product placement on TV and films) advertising are shown in Figure 23. In 2010, over 60% of countries had some form of restriction on tobacco marketing in place[2]. The majority of European countries had a ban on tobacco advertising on national TV, radio, and in print media. Using the definitions above, only a handful of countries had a ban on all forms of direct and indirect advertising; these were

Panama, Colombia, Norway, Montenegro, Niger, Chad, Sudan, Kenya, Eritrea, Djibouti, Madagascar, Syria, Jordan, Qatar, the United Arab Emirates (UAE), Iran, Myanmar, Thailand and Kuwait[2]. Worryingly, however, in 2010 there were still a large number of countries with no advertising bans (defined as either having no ban at all or a ban that does not cover national TV, radio, and print media advertising), including the USA, Mexico, Argentina, Nigeria, Angola, Somalia, Russia, Pakistan, Indonesia, and Austria[2].

At the European level, a Tobacco Control Score was developed by Joossens and Raw[331] to measure and quantify the level of tobacco control measures present in individual European countries, and is now updated every few years. Each country is scored on a number of measures including the price of cigarettes, bans on smoking in public places, advertising bans, and health warnings on packs. A total score out of 100 is calculated, and countries are then ranked against one another. As Figure 24 shows, in 2013 only ten countries scored 50 (half) or more of the points available indicating that most European countries are failing to effectively protect individuals from tobacco marketing and/or tobacco smoke. Although assigning a score to tobacco control efforts is somewhat subjective and subject to criticism, it does provide an important and interesting overview of what countries are doing well and where they may need to make improvements.

In 2013 it was reported by the WHO that more than a third of the world's population (2.3 billion people) were "covered by at least one effective tobacco control measure"[332], highlighting that although much progress has been made globally there is still much more to achieve.

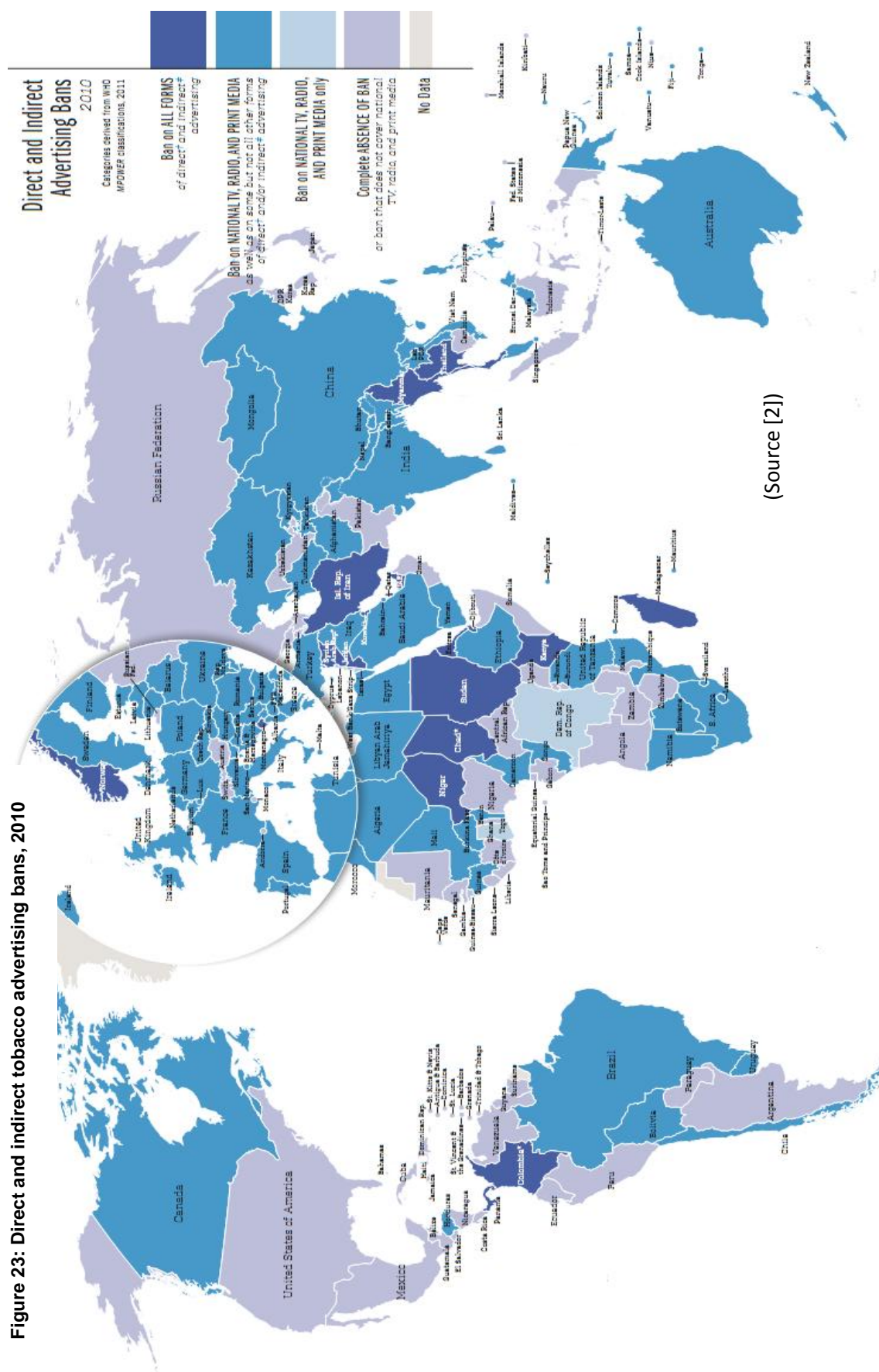


Figure 23: Direct and indirect tobacco advertising bans, 2010

Figure 24: Tobacco Control Scale, 2013

2013 ranking (2010 ranking)		Country	Price (30)	Public place bans (22)	Public info. campaign spending (15)	Advert-ising bans (13)	Health warnings (10)	Treat-ment (10)	Total (100)
1 (1)	–	UK	27	21	3	10	4	9	74
2 (2)	–	Ireland	24	21	1	12	5	7	70
3 (4)	▲	Iceland	20	17	12	12	4	1	66
4 (3)	▼	Norway	20	17	3	12	4	5	61
5 (4)	▼	Turkey	21	19		7	5	5	57
5 (6)	▲	France	20	17	1	9	4	6	57
7 (13)	▲	Spain	15	21	1	9	4	6	56
7 (7)	–	Malta	17	18		10	4	7	56
9 (7)	▼	Finland	15	17	3	12	2	6	55
10 (new)		Ukraine	20	17		12	4		53
11 (9)	▼	Sweden	17	15		10	1	5	48
11 (27)	▲	Hungary	15	13		11	3	6	48
13 (13)	–	Netherlands	16	13	1	9	1	7	47
13 (10)	▼	Belgium	14	13	2	8	4	6	47
15 (12)	▼	Italy	15	15	2	8	1	5	46
15 (13)	▼	Denmark	15	11	2	8	4	6	46
15 (24)	▲	Bulgaria	18	15		10	1	2	46
18 (11)	▼	Switzerland	13	11	7	2	5	7	45
19 (16)	▼	Romania	19	7		8	3	7	44
20 (17)	▼	Slovenia	12	15		9	1	6	43
20 (19)	▼	Estonia	14	12		10	1	6	43
20 (19)	▼	Poland	14	11		9	1	8	43
23 (new)		Serbia	18	11		9	1	3	42
24 (17)	▼	Latvia	14	14		8	3	2	41
24 (19)	▼	Portugal	14	11		8	1	7	41
26 (new)		Croatia	14	12		11	1	2	40
27 (22)	▼	Slovakia	13	10		9	1	6	39
28 (29)	▲	Luxembourg	5	15		9	1	7	37
29 (22)	▼	Lithuania	12	12		8	1	2	35
29 (30)	▲	Greece	15	7		6	1	6	35
31 (27)	▼	Czech Rep.	12	9		8	1	4	34
32 (24)	▼	Cyprus	15	7		10	1	–	33
33 (26)	▼	Germany	14	11		4	1	2	32
34 (30)	▼	Austria	11	8		7	1	4	31

(Source [253])

4.1.2 Alcohol regulation

The FCTC recommendations and guidelines demonstrate the world's prevailing opinion on TI conduct, and the realisation that the TI's influence must be curbed; much of which has been supported by the internal documents released by the MSA. There has been no litigation resulting in the release of internal AI documents on this scale meaning that relatively little is known about AI conduct.

In the UK, in 2009, there was a parliamentary inquiry into alcohol. The Health Select Committee obtained a large number of internal marketing documents from alcohol producers and their communications agencies to allow them to examine “not just

what advertisers are saying, but why they are saying it”[333]. The Committee selected four alcohol producers (Beverage Brands, Diageo, Halewood International, and Molson Coors Brewing Company) and their respective communications agencies, and each were asked to supply the committee with documents relating to specific brands (*WKD*, *Smirnoff* vodka, *Lambrini* and *Sidekick* shots, and *Carling* respectively). The documents supplied included client-agency contact reports, client briefs, creative briefs, media briefs, media schedules, advertising budgets, and market research reports[333]. This was the first time internal AI documents were available for analysis and although not on the same scale as the MSA, they do provide some insight into the AI’s marketing activities and practices.

Research has shown there is little to suggest that ‘Big Tobacco’ and ‘Big Booze’ operate differently[334]. The TI and AI are closely associated and have “at times not only been under the same ownership, but have learned from each other, and have sung from the same songbook”[335]. The TI and AI have often shared employees, for example a former chief financial officer of SABMiller joined Imperial in 2011[336]. Moodie et al[337] have commented on the corporate overlap of the TI and AI in more detail:

“The similarities between strategies used by the tobacco [and] alcohol....corporations are unsurprising in view of the flow of people, funds, and activities across these industries, which also have histories of joint ownership—eg, Philip Morris owned ... Miller Brewing; Altria is a lead shareholder in tobacco companies that have shared directorships; SAB Miller Board includes at least five past or present tobacco company executives and board members; and the Diageo Executive Director, responsible for public affairs, spent 17 years in a similar role at Philip Morris. Additionally, tobacco and ... drink corporations use the same public relations firms to lobby worldwide and to design stakeholder marketing campaigns such as Pernod Ricard’s drink Responsib’All Day”[337].

Despite these similarities, and the large proportion of the global burden of disease that alcohol is responsible for[9], there is currently no FCTC-equivalent for alcohol. There have been calls from a number of bodies for a comparable treaty, for example a Framework Convention on Alcohol Control (FCAC)[338-340], including from the 2006 WHO Expert Committee on Problems Related to Alcohol Consumption which recommended that the WHO implement “legally binding

agreements between countries, to support the implementation of alcohol policies and programmes”[341]. However, arguably the political will to implement such strong policies is not in place[328].

Tobacco products are harmful, no matter how much is consumed, but the same cannot be said regarding alcohol; many studies[49-56] have shown a protective effect for certain diseases when individuals consume low to moderate amounts of alcohol. These studies (although since refuted[58-64]), combined with that fact that alcohol is intrinsically entwined into many cultures and societies and has been used for much longer than tobacco in HICs[14, 338], makes it much harder to develop an international alcohol control strategy. Although most countries aim for abstinence from tobacco, very few will have this aim for alcohol use instead focussing on controlling alcohol use by reducing “frequency of intoxication and overall volume consumed”[338].

4.1.2.1 WHO Global Strategy

In 2008 the WHO began drafting a strategy in order to try and reduce the harmful use of alcohol globally. Finally in May 2010 all (then) 193 Member States of the WHO reached consensus for the first time, resulting in the WHA adopting the ‘Global strategy to reduce the harmful use of alcohol’[65]. However, unlike the FCTC, it only provides guidelines and “urges” WHO Member States to adopt and implement the recommended policies[65]. Lien and DeLand[328] termed this a “‘soft’ international agreement on alcohol”.

The Global Strategy provides countries with a range of policy options and measures that could be used to tackle harmful alcohol use. Some of these are similar to those recommended in the FCTC such as implementing age restrictions, using taxation to raise prices, adding health warning labels to products, and reducing marketing and promotion[328]. However, compared to the FCTC, the Global Strategy makes a much smaller number of recommendations regarding marketing; these can be seen in Box 4[65]. Recently, there have been further calls for the greater regulation of alcohol marketing[342-344] given the effectiveness of marketing restrictions in tackling harmful drinking behaviour[14, 163, 164, 221, 319, 345].

Box 4: Marketing-related elements of the Global Strategy

Area 5: Availability of alcohol

- For this area policy options and interventions include:
 - Regulating the number and location of on-premise and off-premise alcohol outlets

Area 6: Marketing of alcoholic beverages

- For this area policy options and interventions include:
 - Regulating the content and the volume of marketing
 - Regulating direct or indirect marketing in certain or all media
 - Regulating sponsorship activities that promote alcoholic beverages
 - Restricting or banning promotions in connection with activities targeting young people

The Global Strategy also encourages Member States to give “appropriate priority to the promotion and protection of population health”[65], but does not make reference to the continued influence of the AI. Despite the role that the AI and its corporate marketing plays in drinking initiation and consumption, and its legal responsibilities to maximise profits for shareholders, the WHO’s approach to the AI is one of partnership and cooperation[10]. One of the main challenges noted, regarding the “balancing of different interests”, is that:

“Production, distribution, marketing and sales of alcohol create employment and generate considerable income for economic operators and tax revenue for governments at different levels. Public health measures to reduce harmful use of alcohol are sometimes judged to be in conflict with other goals like free markets and consumer choice and can be seen as harming economic interests and reducing government revenues. Policy-makers face the challenge of giving an appropriate priority to the promotion and protection of population health while taking into account other goals, obligations, including international legal obligations, and interests. It should be noted in this respect that international trade agreements generally recognize the right of countries to take measures to protect human health, provided that these are not applied in a manner which would constitute a means of unjustifiable or arbitrary discrimination or disguised restrictions

to trade. In this regard, national, regional and international efforts should take into account the impact of harmful use of alcohol

([65], emphasis added)

And the Global Strategy requests Member States to:

“encourage mobilization and active and appropriate engagement of all concerned social and economic groups, including scientific, professional, nongovernmental and voluntary bodies, the private sector, civil society and industry associations, in reducing harmful use of alcohol”

([65], emphasis added)

4.1.2.2 National Policy

As is clear from the Global Strategy, the AI is still seen as a valid contributor to the development of alcohol policy, and unlike the FCTC there is no mention of protecting alcohol policy from the AI. National alcohol policy ranges from legal regulations, to voluntary codes (self-regulation or non-statutory regulations), and some countries use a combination of the two (co-regulation)[221].

It is common to place a restriction on the time or place that alcohol marketing can occur, for example restrictions on marketing near or in the view of schools, or on TV or radio before the watershed. For example Italy has a self-regulatory code that states that alcohol advertising on TV between the hours of 4pm and 7pm and within programmes targeted at children should be *avoided*[221]. It is also common to restrict the placement of alcohol marketing in media that particularly appeals to youth, as van den Broeck and de Bruijn[221] state, “in many self regulation codes a 25% or 30% threshold of exposed adolescents is used as a benchmark. If more than 25% or 30% of the audience is expected to be under aged, alcohol marketing may not be placed”.

As well as regulating the placement and duration of alcohol marketing, many countries also regulate the content of marketing material and advertisements. Content restrictions are used to protect viewers and potential consumers against adverts that are misleading or suggestive[221]. Most countries ban advertisements that specifically target those below legal drinking age, although often this is subjective. The first European Union (EU)-level alcohol issue that was “processed

as a public health issue” were ‘alcopops’[346]. Alcopops arrived onto the UK alcohol market in 1995 and were quickly found in other European markets. Alcopops were clearly aimed at youth, and this “resulted in demands for action at the European level”[346]. The European Parliament called upon the European Commission to introduce guidelines for the marketing and selling of alcopops and to look at ways of taxing alcopops at the same rate as spirits[346]. During this discussion attention shifted from a focus on alcopops to alcohol consumption by youth in general; in 2001 the European Council created Council Recommendations (2001/458/EC) regarding the marketing of alcohol to young people. It recommended that Member States should ensure that alcoholic products were not designed for or promoted to young people, paying particular attention to, among other things, the use of characters/motifs, use of young people in campaigns, and the implication of social or sexual success[347]. However, despite almost all Member States adopting these recommendations, they are not legally binding, and are often open to interpretation[221]. There is currently only one binding regulation related to alcohol at the European level, the 2010 Audio Visual Media Services Directive (AVMSD; 2010/13/EU), which prohibits televised alcohol advertising being specifically aimed at youth, depicting youth consuming alcohol, or suggesting that alcohol consumption will lead to social or sexual success[221].

The AI increasingly seeks innovative ways to market their products. With increasing regulation, policymakers must be aware of the potential move to unregulated forms of marketing as has been seen with tobacco[221]. Partial bans on advertising will therefore not work, as the AI will find ways around it and market heavily on non-banned media. For example, Norway has restrictions on the use of alcohol logos on the kits of visiting sports teams, however the AI quickly worked to circumvent this ban; for example, “Carlsberg had players wear uniforms with the word ‘Probably’ taken from its well known slogan ‘Probably the best beer in the world’”[137].

France’s alcohol policy, Loi Evin (1991), was “one of the most comprehensive attempts to restrict advertising of alcohol” by a single country[137]. The law only allowed advertisers to refer to the product’s features, did not allow references to lifestyle, and did not allow people (especially if drinking) or a drinking atmosphere to be depicted in advertisements[137]. One of the most contentious issues from Loi Evin was that French TV broadcasters were not permitted to show alcohol branding on athletes clothing or in sports arenas (both of which are very popular among advertisers), meaning that many foreign sporting events could not be televised in France[137]. Some of the restrictions have now been relaxed due to legal

challenges, for example advertising on billboards is now permitted and multinational sporting competitions are now exempt from the law[137].

In 2004 the WHO published the Global Status Report on Alcohol Policy, which provided an overview of alcohol policy around the world. In 2002 questionnaires were sent to a total of 175 countries, and 118 countries responded[348]. The survey found that the bans in place varied significantly between drink type within the 118 countries (note in particular the difference between bans for beer and spirits) (Figure 25). For example, Poland banned all advertising for wine and spirits, but advertising for beer was allowed on TV, radio, in the cinema, outdoors, in magazines and newspapers, and by sponsorship due to its lower alcohol content, but it was not allowed on TV, radio, or in cinemas between 6am and 8pm, except for sponsor messages[221]. Between approximately 13-16% of countries (depending on media and drink) relied on voluntary agreements, and a further 28-57% of countries had no restrictions on advertising at all (Figure 25). The WHO[348] report also showed that only 24% of countries surveyed had a full or partial ban on beer brands being used as sponsorship at youth events or sports events, compared to 61% with no ban at all on sponsorship at youth events and 68% at sports events.

Figure 25: Restrictions on advertising in selected media, by beverage type, 2002

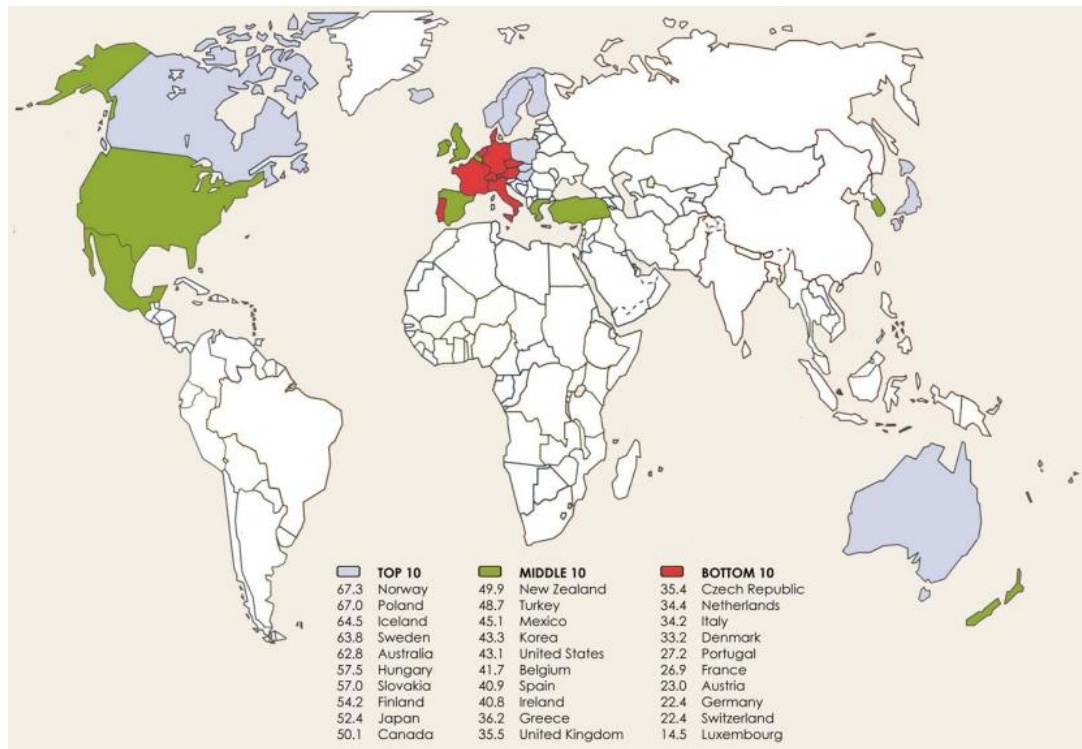
			Total bans %	Partial restrictions %	Voluntary agreements %	No restrictions %
National TV	Beer	(n=113)	15.9	28.3	13.3	42.5
	Wine	(n=111)	22.5	31.5	13.5	32.4
	Spirits	(n=112)	28.6	31.3	12.5	27.7
National radio	Beer	(n=111)	16.2	24.3	15.3	44.1
	Wine	(n=110)	20.9	29.1	15.5	34.5
	Spirits	(n=111)	27.9	27.9	13.5	30.6
Print media	Beer	(n=113)	3.5	24.8	15.0	56.6
	Wine	(n=111)	8.1	24.3	16.2	51.4
	Spirits	(n=111)	10.8	23.4	15.3	50.5
Billboards	Beer	(n=111)	9.0	22.5	12.6	55.9
	Wine	(n=109)	12.8	22.9	13.8	50.5
	Spirits	(n=109)	13.8	23.9	12.8	49.5

(Source [348])

Additionally an Alcohol Policy Score was developed by Brand et al in 2007[349] to measure and compare the level of alcohol control policies in the (then) 30 Organisation for Economic Co-operation and Development (OECD) countries. Each country was scored on five measures (alcohol availability, drinking context, price, advertising, and drink-driving) which were weighted according to their known

effectiveness as an alcohol control policy. A total score out of 100 was calculated. As Figure 26 shows, only ten countries scored 50 (half) or more of the points available. The low scores amongst all OECD countries (the median score was 42.4) indicates a general lack of alcohol control policies and that countries are failing to effectively protect individuals from alcohol availability, marketing, and harm. As with the tobacco control score[331], assigning a score to alcohol control is somewhat subjective and subject to criticism, but it does provide an important and interesting overview of what countries are doing well and where they may need to make improvements.

Figure 26: Alcohol Policy Scores for 30 OECD countries, 2007



(Source [349])

4.2 Policy Influence and Compliance

Due to their legal duty to maximise profits for their shareholders (see sub-chapter 3.1 Corporations), corporations have a vested interest in any policies that have the potential to affect their day-to-day operations, sales, and ultimately their profits. Corporations must therefore oppose policy, or attempt to influence it in order to make the business environment as favourable as possible; “corporations seek to dominate the information and decision-making environment to pursue their

interests”[350]. Corporations tend to resist any form of regulation, especially strong binding forms, and will generally push for self-regulation, but when this is not an option they tend to push for “weak federal or state action that preempts (sic) strong measures at lower levels”[351].

Understanding the tactics and arguments used by corporations, and especially those by “disease-promoting corporations”[13], when attempting to influence policy is therefore vital. The size and wealth of many corporations gives them significant power to influence policy decisions around the world, for example the size of the AI “allows considerable resources to be devoted, directly or indirectly, to promoting the policy interests of the industry”[97]. By contrast, policymakers tend to have far fewer funds and resources than large corporations, and because of this policymakers need to be armed with as much knowledge as possible about how industries operate in order to counter their efforts as effectively as possible.

4.2.1 Tactics

Most information relating to corporate tactics focuses on the TI due to the wealth of information gained from the release of internal TI documents during the MSA (see sub-chapter 4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing). From the study of these internal TI documents it has been found that tobacco companies employ many tactics when attempting to influence policy, and “the documents show that the tobacco industry has been engaged in deceiving policy makers and the public for decades”[352].

The term ‘tactic’ in this thesis should be understood as: a method by which a corporation attempts to exert influence on, for example, policy decisions (either through influencing policymakers directly, or by influencing the meaning or understanding of the policy in question). Below is a list of TI tactics combined and adapted from Bero[352], Saloojee and Dagli[353], and the WHO[354]:

- Intelligence gathering / monitoring
- Public relations
- Corporate Social Responsibility
- Lobbying
- Create controversy
- Consultancy programmes
- Forming alliances
- Intimidation

- Coercion
- Smuggling
- Litigation
- Bribery / gift giving
- Rubbish evidence/health groups/advocates
- Support alternative measures to divert attention
- Using third parties and front groups
- Political funding / campaign contributions
- International treaties / International instruments
- Philanthropy
- Controlling information released
- Joint manufacturing agreements / joint ventures
- Pushing for voluntary regulatory agreements
- Funding research / manipulating research outputs
- Youth smoking prevention and retailer education programmes
- Pre-emption

Due to the size of the TI and its vast wealth[355] it can easily implement the above tactics and intimidate those who dare to oppose them; “unlike parasites, tobacco use does not mutate by itself. Rather, it requires tobacco companies to actively devise strategies and oppose public health measures that save lives”[356]. The TI is very active in using, or threatening to use, the judicial system to intimidate those who criticise them or try to impose regulation; the TI has tried to ‘divide and conquer’ those working against them, such as researchers, non-governmental organisations (NGOs), governments and the media[355], and they are willing to try and discredit and undermine those undertaking research to try to stop them producing unfavourable results. For example PM, in 1982, proposed “attacking researchers themselves, where vulnerable”[355], and in 1995 at a PM Board of Directors meeting it was said that: “our goal is to help shape regulatory environments that enable our business to achieve their objectives in all locations where we do business... [and we will] fight aggressively”[354].

There have been multiple attempts to list and categorise corporate tactics. Hillman and Hitt’s paper[357] is the most widely cited attempt to analytically categorise the tactics used by corporations attempting to influence policy. Their system of classification, based on resource dependence and market exchange theory, assumes that corporate political activity represents one side of an exchange

relationship in which corporations offer policymakers support and information in return for influencing policy. They identify three ‘long-term’ political strategies which each contain multiple ‘short-term’ tactics: *information strategy* (providing policymakers with specific information on the costs and benefits of proposed regulations and on their policy preferences through, for example, direct and indirect lobbying, commissioning research, and supplying position papers or technical reports), *financial incentive strategy* (offering financial inducements to policymakers, for example financial support as contributions to a political decision maker or a political party, paid travel expenses, or offering employment), and *constituency-building strategy* (influencing policy by gaining the support of individual voters through, for example, the mobilisation of employees, customers, suppliers, and public relations activities)[357]. Wiist[16] categorises corporate tactics used to influence health policy into five “somewhat overlapping” categories, which may be used separately or in combination: *political tactics* (including lobbying), *finance tactics* (including influencing universities, business associations, government subsidies), *PR and advertising tactics* (including using spokespeople, funding professional organisations, publishing ‘news’, arguing that research is ‘junk science’, CSR, front groups, advertising), *product and service tactics* (including product modification, changing the company’s physical location, targeting vulnerable populations, manipulating science), and *legal tactics* (including limited liability, ‘taking on’ opponents, avoiding taxes, legal trials, influencing trade agreements, using the First Amendment in the USA, using unregulated activity, pre-emption). And Farnsworth and Holden’s[358] work splits corporate influence of policy into three different groups: *political engagement* (lobbying, funding think tanks and research units, networks of business leaders and politicians), *institutional participation* (business representatives that sit on boards of government agencies, advisory committees, quangos, hospitals etc), and *provision* (of services or products to consumers or customers). These three examples of attempts to categorise corporate tactics highlight the lack of consensus and lack of a systematic approach.

Within the last 20 years, there has been a dramatic increase in the number of corporate lobbyists and public-relations professionals[359]. Lobbying, argues Miller and Mooney[359], has become a central method of communication for corporations, along with philanthropy and CSR. They state that lobbying is “the attempt by organised interests to influence policy and the decision making of governmental or other similar institutions”, and that it occurs within the political process without any “formal democratic mechanisms”[359]. In most Western nations, notably in the UK

and USA, lobbying has become an important part of the policy process, and lobbying occurs at every level of governance[350]. Lobbyists work to secure “favourable assumptions” by giving incentives such as free travel and hospitality, advisory positions, and board memberships to policymakers (also known as the ‘revolving door[350, 351]’)[350]. For example, tobacco companies were identified as some of the most common providers of corporate hospitality to UK MPs in 2014 (for example Imperial gave three MPs VIP tickets to the Wimbledon tennis final[360]) and also in 2014 there was concern that the new chief executive of the UK’s civil service also held a position with SABMiller[361, 362]. Miller and Dinan[2009, in 359] argue that as business tends to be much more active than other actors, lobbyists overwhelmingly work on behalf of business, and predominantly Big Business (meaning that decision makers are being influenced disproportionately by the ideals of Big Business). For example, interviews conducted with the AI in 2010 showed that AI representatives felt they had good access to UK Government officials and civil servants (which was more frequent than contact with ministers): “You can pick up the phone to them, you can talk to them, it’s not a problem of access. It’s just a case of ... you have something to say, you have something to contribute, they’ll listen”[363]. Based on these interviews, Hawkins and Holden[363] argue that the AI “are involved at every stage of the policy process and are seen by government as key stakeholders who must be consulted – and where possible accommodated – in policy debates” in the UK and that “they owe this position both to the ubiquity of their contacts with political actors and to the extensive resources at their disposal both as individual organisations and through the trade bodies they fund. The extent of their resources means that they are able to participate in all available forums and can supply concrete policy solutions to governments [at] a time when departmental budgets and resources are being squeezed”.

Corporations fund a complex network of lobby groups, front groups, trade associations, parliamentary groups, research institutes and think tanks[350, 364] in order to influence and direct policy decisions. Many of these organisations may appear as independent, but instead are “vehicles for corporate influence”[350]. A study by Cain, Loewenstein and Moore[2005, in 351] found that people only discount the information they hear to a small extent from a source who discloses its conflict of interest. However, a source with a conflict of interest usually feels compelled to put their point across more strongly and this combination therefore makes the source more, rather than less, credible.

Miller and Harkins[350] demonstrate that corporations work to 'capture' the following sectors: (a) science, (b) civil society, (c) the media, and (d) policy [adapted from 350].

- (a) Lobbyists regularly attempt to capture scientific expertise, to act as credible spokespeople or expert witnesses for the industry's cause. If the science cannot be 'captured' then an industry, through its lobbyists and front groups, will aim to create uncertainty in order to slow down or stop policy implementation and regulation. This worked especially well for the TI, where the health effects of tobacco were confused and debated for approximately thirty years before they were widely accepted by the public and policymakers – similar tactics are now being used by the AI.

There is a long history of corporations attempting to influence science. The TI (and, more recently, the AI) often pay prominent scientists to conduct studies in their favour and to act as advisors on their behalf to counter damaging scientific evidence[351]. Its aim is to confuse the public and policymakers, and to delay government action[351].

- (b) Civil society is made up of charities, NGOs, trade unions and business associations. It is important for corporations to appear to have these types of organisations 'on board', as they are thought to represent the general public, i.e. voters. The setting up or funding of fake citizen groups ('astroturf' organisations) is a key strategy by corporations as they appear to be genuine organisations set up by ordinary citizens. It has recently been claimed that the AI is adopting tactics 'pioneered' by the TI through the funding of charities in order to gain political influence[365]. Alcohol companies, over the past 25 years, have been found to set up more than 30 'social aspect' organisations (SAOs) around the world (including in the emerging markets of Asia and Africa) in order to promote their policy objectives[97]. These SAOs tend to exist in order to "promote a set of key messages that support ineffective policies for reducing harm"[97]. Think tanks are also often thought to be independent, but in reality there are often heavily funded by an interested industry. Using techniques like these, corporations are able to "populate the information environment" with an array of seemingly independent reports and studies that are in line with corporate interests[350].

- (c) The media is used by corporations to connect with the general public and influence popular opinion. The media can work to promote corporate

interests but, conversely, can also help to publicise popular concerns. Corporations use front groups and public relations specialists to portray their messages and viewpoints, keeping themselves hidden thereby making the messages appear as independent. The “blurring of the line between journalism and lobbying is central to the contemporary use of the traditional media”[350].

Influencing the media is a key tactic of many corporations, and especially of the TI. For example as Sweda and Daynard[355] report, in May 1995 PM sponsored a trip to New York and Washington DC for ten Asian journalists. Tobacco companies also attempt to publish articles in prestigious journals, such as *The Lancet*[366], to make their views heard, and appear credible and of equal weighting to counter articles.

- (d) Policy capture is the ultimate aim of the other ‘captures’. Corporations aim to pursue their interests via interactions with policymakers, either directly or indirectly through organisations such as trade associations (trade associations work on behalf of an industry, and usually claim to represent all levels of the industry from manufacturing to selling).

Both the TI and AI focus strongly on individual responsibility, and emphasise the role of education in solving any problems associated with their products. In order to promote this they regularly enter partnerships with government or push for self-regulatory measures as discussed in the following two sub-chapters.

4.2.1.1 Partnership working

Partnership working is common in the modern policymaking process, and so it is important for policymakers to be completely aware of the objectives of any potential corporate partners before they start working together[367]. Partnership working breaks down the usual barriers between corporations and government. For the corporation involved, a partnership with government or an NGO offers them credibility and ties their brands to the “positive emotions attributed to their partnered organisation”[368], and for governments or NGOs, corporations can be seen as a valuable resource of expertise and insider knowledge about their products, marketing, and consumers[3].

The health sector must have an understanding of the objectives of potential partners[367], as despite the potential benefits, partnerships with other sectors, such as the TI and AI, have often been found to favour the partner, and have drawn much criticism. Many critics of government-industry partnerships believe that they

tend to erode the necessary governmental control over business activity[11], and is usually more beneficial to the corporation involved than the policymaker, making “the pursuit of social objectives harder”[350]. Daube[335] argues that “‘Cooperation’ is code for voluntary self-regulation that does nothing to prevent them promoting their products exactly as they wish”. For example, the UK Government’s ‘Alcohol Harm Reduction Strategy’ in 2004 and the subsequent White Paper on Public Health in 2005 included the AI as a “key partner in tackling alcohol problems”[3]. Many were concerned about the prominence given to the AI, and many had doubts about the AI’s ability to work in effective partnership with government and their ability to develop effective self-regulation[3]. After government officials discussed the ‘Alcohol Harm Reduction Strategy’ with the AI, the document changed considerably; a new document entitled ‘Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK’ was produced[3] and despite it setting out important key standards and principles, it did not include “new mechanisms for monitoring, implementation and accreditation”, and it “failed to address some of the acknowledged weaknesses of self-regulation in this field, such as fragmentation, duplication, gaps and inconsistencies between existing codes covering different sectors and aspects of the industry”[3]. In this case, by involving the AI, compromises had to be reached which may not have always been in public health’s best interest. As argued by Wiist[369]:

“The goal and values of public health and the goal of the corporation are fundamentally different: protecting and promoting the health of the public versus making a profit to return to investors, i.e. create ‘shareholder value’. ‘Partners’ cannot have fundamentally conflicting goals”

The International Centre for Alcohol Policy (ICAP) is an AI funded centre with the aim of promoting “an industry-favourable alcohol ideology”[370]. ICAPs partnership with public health, argues McCreanor et al[370], is part of its “ideological agenda to influence how alcohol is perceived and the climate in which alcohol policy decisions are made”, with a particular focus on the policy of developing countries which the AI are attempting to enter and influence. ICAP managed to recruit a former key alcohol policy advisor with the WHO to become president, which opened doors to many health professionals and added credibility[370]. One of ICAP’s main strategies has been to publish reports and findings in order to create an established knowledge base on which to base policy, and this has been done through a series of

conferences and collaborations[370]. ICAP attempts to focus policy on the individual and their personal choices (as has also been seen by the TI), rather than the social and environmental factors that public health professionals argue play a major part in the decision to drink alcohol to excess. McCreanor et al[370] argue that partnering with public health bodies brings the following benefits to ICAP: respectability, credibility, and the legitimisation of ICAP in policy arenas. But in response to McCreanor et al's article, the AI have stated that they understand they "have an important role in promoting responsible drinking" and state that it is because of this that they, as an industry, have adopted a self-regulatory code of marketing practice[371].

A study by Bakke and Endal[372] looked at alcohol policy in four African countries (Lesotho, Malawi, Uganda and Botswana). All four of the draft national alcohol policy documents were found to contain the same core policy measures, emphasised "the role of alcohol in society and the legitimacy of industry participation in the development and implementation of national alcohol policies", and included a heavy reliance on self-regulation and education campaigns. Where document properties were available, the policy documents showed that the 'author' was *mramsay* from the 'company' *SABMiller Africa Asia* (therefore, the authors assume, Mitch Ramsay, Policy and Issues Manager, SABMiller Africa) indicating significant AI involvement. Civil society, NGOs, and representatives from government agencies were invited to attend workshops and policy consultations relating to the drafting of the policies, however these workshops were facilitated by a SABMiller representative and a representative of the South Australian Department of Health who, significantly, was also an ICAP consultant. In summary, Bakke and Endal[372] found that by allowing the AI to be heavily involved in writing alcohol policy, national policies become homogenised (each country's policy document was "virtually the same in wording, structure, even page formatting"), and recommendations for action focussed less on what is known to create the best health and social outcomes, and more on industry preferences (i.e. self regulatory measures). Bakke and Endal's paper[372] does not assess what changes have resulted from these policy documents, or if the policies have had a positive or negative impact, so it is not possible to comment on the overall suitability of this approach in developing nations if they lack the capacity to develop policy any other way.

In Sweden the Independent Alcohol Cooperation was launched in 1997 as a partnership between government, the National Institute for Public Health, alcohol companies and business related to the AI[373]. However, this partnership example

has drawn a lot of criticism as all activities of the committee must be agreed by consensus, which means that government bodies are unable to undertake activities that the AI does not agree with, whereas the AI can continue to lobby for a more relaxed alcohol policy in Sweden[373]. Similarly, Munro[374] looked at a partnership between Alcohol Education Australia and the AI. It was found that the partnership was more beneficial to the AI and that it was difficult maintaining a strong public health stance when in partnership with a corporation. These examples show how important it is, when involving any industry in policy making, to set strict rules at the beginning of the process, and to be extremely careful not to agree to terms that may result in the public health body becoming less effective.

The WHO has been recommending intersectoral work for over 25 years, and the importance of it has been emphasized[367], but this has changed in relation to the TI since the FCTC. For example, the WHO's Director-General said in a speech in 2012:

“In some countries, the tobacco industry is pushing for joint government-industry committees to vet or screen all policy and legislative matters pertaining to tobacco control. Don't fall into this trap. Doing so is just like appointing a committee of foxes to look after your chickens” [375]

Working in partnerships can sometimes provide some benefits as the industry involved is an expert in their field and are able to reach the public in a way that government agencies cannot. However, as has been outlined, partnership working draws much criticism. When entering a partnership, it is important that bodies “operate within a clear framework”[3]. Many believe that a corporate entity would only join in partnership with government or an NGO if it brought them benefits (after all, as outlined in sub-chapter 3.1 Corporations, corporations are required by law to maximise profits for their shareholders), and therefore they are unable to put health first and unable to agree to any measures that may damage their business interests (through loss of credibility, respectability, or profit). For example, as Babor et al[97] states with regards to partnership with the AI, “[e]xperience suggests that working in partnership with the alcohol industry is likely to lead to ineffective or compromised policy and is best avoided by governments, the scientific community and NGOs”. Article 5.3 of the FCTC (see sub-chapter 4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing) requires all Parties to protect policymaking from the “vested interests of the tobacco industry”[330], thereby putting stop to partnerships with the TI. However, there are concerns that many governments are

still engaging with the TI[376], and, for example, as outlined above, tobacco companies were identified as some of the most common providers of corporate hospitality to UK MPs in 2014[360]. Daube[335] believes that “[t]hose who argue for any form of partnerships or associations with alcohol [or] tobacco...companies have learned nothing from the history of the past 60 years”. Although the involvement of industries within the policy-setting process can help secure cooperation, the fact that the industries involved must act on behalf of its shareholders and not public health, means that partnerships alone are unable to significantly improve a population’s health.

4.2.1.2 Self-regulation

The political-economy theory of self- or voluntary-regulation shows that “corporations strategically self-regulate by setting standards to pre-empt strong and effective regulation through political action. To avoid government regulation, corporations move faster than governments to self-regulate”[377]. Voluntary regulation is more lenient than statutory regulation and allows the corporations involved to continue operating as they were previously, with perhaps very minor changes. The main benefits and disadvantages of self-regulation can be seen in Box 5. Voluntary regulation is often pushed for by the TI and AI alike, each claiming that they “deserve the public’s and government’s trust”[351].

Baggott[3] interviewed representatives from the AI, voluntary sector, government, public sector, and academics in order to understand different stakeholder perspectives on the AI being considered a ‘key partner’ in UK alcohol policy. Baggott found that AI respondents believed that self-regulation “imposes less of a burden than direct regulation” and enabled the industry to respond quicker to any problems that are highlighted to them, whereas those who opposed industry self-regulation argued that voluntary codes “lack consistency and overall coherence”. Regarding the Portman Group (set up in 1989 by the UK’s main alcohol producers to operate the AI’s main self-regulatory scheme and fund educational initiatives to promote responsible drinking), AI interviewees argued that it worked well to discourage bad practice amongst producers and that it was very independent, but those working outside of the AI believed it to be a “powerful public relations body and lobbyist for the industry” lacking independence and inevitably reflecting the views of its funders. Overall, Baggott concluded that “[m]ore could be done to establish effective co-regulation, with tougher statutory backing”. Co-regulation, where regulatory rules are developed and enforced by a combination of government policymakers and industry representatives, is often used when efforts to enforce

binding, restrictive regulation have failed[137]. For example, televised alcohol advertising in the UK is co-regulated by Ofcom (government) and the Advertising Standards Agency (industry body)[137, 221] and this means that when the voluntary element of the agreement fails, there is a binding 'legal backstop' to support the regulation[221].

Box 5: The pros and cons of self-regulation

Pros:

- Self-regulation harnesses the 'inside' knowledge and expertise of those who are being regulated.
- It is based on consensus and is likely to lead to higher compliance.
- The spirit as well as the letter of regulation is more likely to be upheld.
- It is less costly to Government and may be less costly to those being regulated.
- It is more flexible and therefore more able to respond quickly to new and changing circumstances.

Cons:

- Self-regulation tends to be complacent and rules may be unenforced or under-enforced.
- It lacks legitimacy and attracts suspicion that self-regulatory bodies are concerned primarily with protecting their members' interests.
- Few real sanctions can be applied, as self-regulatory bodies have limited powers to ensure compliance.
- Self-regulatory bodies cannot control the activities of non-members (unless there is an externally enforced system of compulsory membership or licensing).
- Self-regulatory bodies often have conflicts of interest. For example, the exclusion of a member may lead to loss of revenue. Self-regulatory bodies that also have a representative role (such as trade associations, for example) experience internal tensions that undermine their regulatory role.
- Self-regulation is not as publicly accountable as state regulation.
- Self-regulation can be costly, placing a considerable burden on the industry (or profession) and also on Government, particularly where there is a 'co-regulation' element.

(Source: reproduced from[3])

Similarly to the AI, the TI often attempts to implement voluntary codes of regulation. One key example of this is Project Cerberus, under which the TI attempted to mitigate the effect of the FCTC by targeting more "sympathetic countries"[377]. BAT, PM and JTI collaborated under 'Project Cerberus' to promote a voluntary

alternative to the FCTC, the 2001 International Tobacco Products Marketing Standards (ITPMS). The ITPMS was to be audited by an independent body, set up by the TI, to increase credibility of the voluntary agreement. The TI agreed that the audit body should be “completely independent” and that “funding... should be as arms-length as possible”[377]. Although the ITPMS did not stop the FCTC, it did, in some countries, slow down FCTC ratification, confuse policymakers and governments, and slow down the implementation of effective tobacco control programmes[377]. The ITPMS conveyed a public message that the TI could regulate itself. However, the WHO cautioned countries against adopting the ITPMS, and stated “We have seen no evidence that tobacco companies are capable of self regulation” and “We know what works and what doesn’t. Voluntary codes have proved to be a failure”[377]. Generally, TI self-regulatory codes are weak and undermine real tobacco control attempts. Mamudu et al[377] argue that Project Cerberus demonstrated that “public health professionals and policy makers cannot trust or work with the tobacco industry”.

With regards to the AI, Babor et al[97] have argued that voluntary codes do not adequately address exposure to, or the content of, marketing messages, despite industry claims that they adhere to their codes on responsible marketing. van den Broeck and de Bruijn[221] argue that self regulation has been insufficient in many countries including Australia, the UK, the USA and the Netherlands. They state that voluntary codes are “often ambiguous and open to interpretation”, and because of this they argue that it is important to have an independent adjudication system that is able to give companies penalties and sanctions if the codes are broken. Non-industry respondents in Baggott’s[3] study (outlined above) argued that no real punishments exist for breaking voluntary codes, and that without sanctions the “codes lacked weight especially in a competitive business environment”.

Although self-regulation is often the cheaper option for governments, and harnesses the expertise and knowledge of the corporation(s) involved, it is generally seen to be much weaker than binding regulation. A review by Baggott [1989; in 137] showed that self regulation “tends towards under-regulation and under enforcement”, and another showed that voluntary regulation works best when the threat of binding regulation is at its greatest [Babor et al in 137]. Any form of regulation, whether it is enforced or voluntary, works against the interest of the industry involved and it is therefore unsurprising that voluntary regulation, where corporations are in charge, is often unsatisfactory[183, 333, 378, 379] from a public health point of view.

4.2.2 Arguments

Through using the above tactics, corporations make a number of repeated arguments when opposing regulation. The term ‘argument’ in this thesis should be understood as: the reasons given by a corporation as to why they oppose one idea or support another (such as a particular policy).

The TI and AI often attempts to frame the debate about tobacco and alcohol regulation in terms of individual liberty and personal responsibility as opposed to health; they often state that it is the right of an adult to decide whether or not they smoke or drink, and that they have the right to make a mature and personal choice[350, 355, 380]. The TI argues that it is responsible, and is honest about the dangers of smoking and would not encourage youth to smoke. However, an internal document from RJR in 1973 demonstrates otherwise:

“At the outset it should be said that we are presently, and I believe unfairly, constrained from directly promoting cigarettes to the youth market...if our Company is to survive and prosper, over the long term, we must get our share of the youth market...Thus we need new brands designed to be particularly attractive to the young smoker, while ideally at the same time being appealing to all smokers”[381].

The argument of ‘personal responsibility’ has been used by unhealthy industries as a way of sheltering from criticism, litigation and additional legislation[351]. This strategy shifts responsibility from those who make the products, to those who use them[351]; from the ‘vector’ to the ‘host’ (Figure 11). The AI, for example, argues that as most people drink responsibly, it is unfair to penalise all drinkers with higher taxes or more stringent regulation because of the actions of a few[57, 380]. However, as Bond et al[382] states the AI “relies on risky alcohol consumption by consumers to ensure maximum profits”. Other arguments used by both industries include, for example, that regulation equates to a ‘nanny state’, studies criticising the industries are ‘junk science’, and self-regulation is sufficient[351]. In the past, the TI argued that smoking did not harm health, only ‘excess’ smoking[351], and this same argument is now being used by the AI who argue that moderate drinking does not harm health[57].

The AI, similarly to the TI, regularly argues that they do not encourage underage consumption of their products as it would be irresponsible and detrimental to their business[57]. However, as cited in a paper by Stanley and Daube[383], an AI

insider recently admitted that they “deliberately target young people with tastes that appeal to the ‘younger palate’”. Caffeine is often added to alcoholic drinks to ensure that young drinkers can stay alert and therefore keep drinking for longer, a practice that Stanley and Daube[383] label as “horrifically irresponsible”. Bond et al[382] found, through looking at internal PM documents from when it owned MBC (see following section), that it believed that alcohol marketing did not cause harmful consumption of alcohol and that advertising bans would therefore not stop alcohol from being consumed[384]. The AI, through ICAP, has also argued that they have “a legitimate and positive role to play in developing alcohol policies in emerging markets”[370] and should therefore not be excluded from the policymaking process.

4.2.3 Similarities in TI and AI corporate political activity

Due to co-ownership of tobacco and alcohol corporations, there is some third-party access to information on the AI through the internal TI documents released as part of the MSA (see sub-chapter 4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing). Bond et al[334] have looked closely at the relationship between the TI and AI by undertaking a systematic search of these TI documents. Much of Bond et al’s study relates to PM and Miller Brewing Company (MBC), as PM bought MBC in 1970. The documents analysed by Bond et al point to a number of similarities between the practices of the TI and AI, especially in terms of “preventing and delaying public health measures”. The industries worked closely together, sharing arguments and tactics and forming similar allies. The study found that both industries faced similar objections from public health bodies, similar international scrutiny about their business practices, and similar threats (for example potential tax increases and regulation regarding their advertising, labelling, supply chains and selling practices). As the then Vice-President of PM stated regarding their manufacturing of tobacco and beer, “the fact that so many people enjoy our products is both the foundation of our success and the source of our problems” as many people find the products “morally suspect”[334]. Another senior PM employee stated:

“People (and politicians) need causes, and in a world which is generally more peaceful and affluent than ever before, there’s a shortage of big causes. That’s why we hear so much about really rather little causes: smoking, drinking, dietary hazards...”[334]

Throughout the documents there is concern about alcohol beginning to appear on the public health agenda; in 1998 a PM document claimed that those who targeted 'Big Tobacco' were now targeting 'Big Booze'[382].

Bond et al[334] also found that both the TI and AI try to defend their right of commercial free speech, especially in the US where free speech is covered by the First Amendment in the Constitution. Regarding tax increases, both the TI and AI were found to believe that it is unfair to impose product-specific excise taxes as they are regressive and affect people on lower incomes disproportionately. MBC also argued that placing higher taxes on alcohol is unfair on those who drink responsibly (further details about the TI's attempted influence of tax policy can be found in a recent systematic review[385]). Both industries were also found to argue that "advertising affects brand performance, not consumption or abuse" (or underage drinking[382]) and that marketing restrictions therefore do not achieve what they are set out to do. Both PM and MBC claimed that they did not encourage those underage to smoke or drink as they are "adult customs", however this is contradicted by the launch of alcopops and flavoured cigarettes which have been shown to appeal to youth. A document from RJR, also analysed by Bond et al, acknowledged that in the long term, the company must tailor its products to the youth market to allow the company to prosper.

Although the work by Bond et al[334] provides a valuable insight into the collaborations between, and similarities of, the TI and AI, it is only based on those with co-ownership. Only TI documents were searched for information about the AI. This means that only those alcohol companies who had dealt directly with tobacco companies, or who were owned by them would be identified, and the results would, unsurprisingly, indicate that the two industries collaborated. It would be interesting to find out if knowledge has been shared between independent companies in the TI and AI. Despite this limitation, PM's involvement with MBC has provided a gateway to documents from the AI, and related industry groups[382].

The tactics and arguments used by the TI and AI are usually used in an attempt to distract and intimidate those working to promote tobacco/alcohol control, and to delay or stop policy or regulation that might have a detrimental impact on their business. As Sweda and Daynard[355] note, the use of tactics by the TI is not to 'win' as they know that they are fighting a losing battle, especially in more developed countries.

4.2.4 Regulatory Compliance

As outlined above, due to the TI and AI's legal duty to maximise profits for their shareholders, corporations have a vested interest in any policies that have the potential to affect their operations, sales, or profits and will attempt to influence their development and introduction. Once regulations are implemented, corporations will often then attempt to circumvent them through non-compliance[386].

4.2.4.1 TI compliance

Despite the importance of marketing legislation, there is very little literature on the extent to which it is complied with. Within tobacco control, the compliance literature focuses largely on retail sales of tobacco products to underage youth, which is outside the remit of this thesis. There are a few small studies which examine compliance with a specific marketing regulation in a specific setting, for example in-store and POS advertising in California, USA[287], Ohio, USA[387], Ontario, Canada[388], New Zealand[389], and Melbourne, Australia[390, 391], health warnings on magazine adverts in the USA[392], graphic health warning labels on cigarette packs in New Zealand[393], health warnings and product descriptors (such as 'light') on cigarette packs in eight FSU countries[394], and outdoor advertising in Louisiana and Los Angeles County, USA[395]. Of these, only one[394] assessed compliance with FCTC measures.

The geographical bias in this literature (nine of the ten articles focussed on either North America or Australasia) indicates that there is a large gap in the understanding of TI compliance with tobacco marketing policies across the world, especially in MICs and LICs. Additionally six of the ten articles looked at compliance with store-based regulations (including POS advertising and in-store adverts) and two focussed on pack-based regulations (for example, health warnings and product descriptors), indicating that there is little or no literature exploring compliance with other common marketing types, for example, the sale of single cigarettes, TV advertising, or print media advertising.

More general information about possible regulatory breaches is also reported by NGOs such as Action on Smoking and Health (ASH)[396-398] and by news websites[399, 400]. The WHO also attempts to monitor FCTC implementation through the submission of (now biennial) country implementation reports[401] (which countries must submit under Article 21[324]). The successful implementation of the evidence-based policies of the FCTC is central to halting the spread of the tobacco epidemic. However, implementation of some of the Articles has found to

have been slow reflecting both the lack of capacity in many countries to implement effective policies[402] and insidious influence by the industry[402-407]. In 2012 Article 13 (the main Article focussing on TI marketing) had the fifth worst average full implementation rate (44%) due mostly to trouble implementing cross-border and Internet advertising bans[402]. This figure measures the proportion of Parties with relevant FCTC legislation in place, but it does not show whether or not the legislation is being enforced or complied with.

4.2.4.2 AI compliance

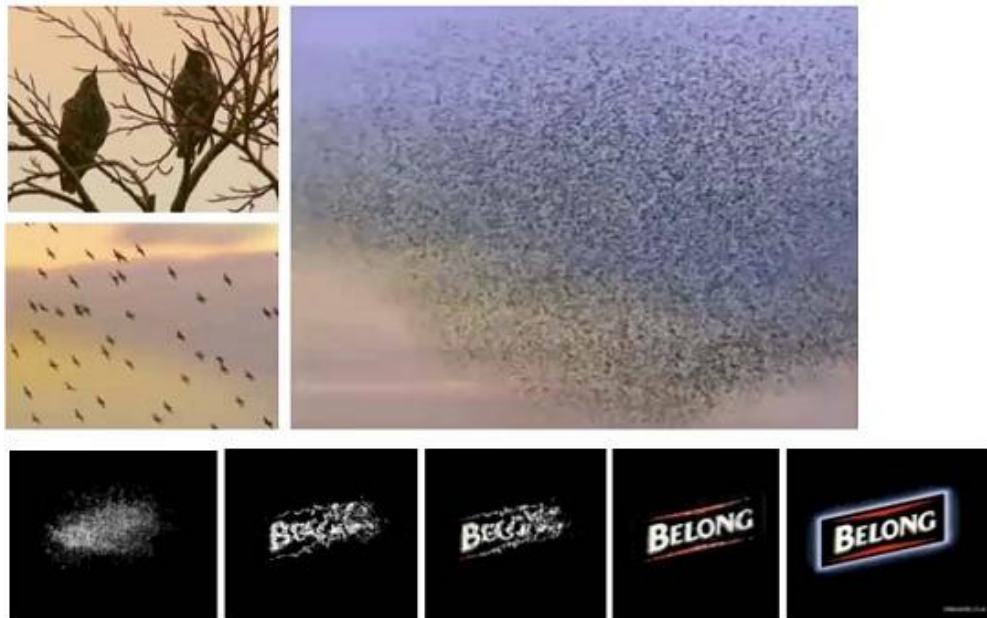
Despite the importance of alcohol marketing legislation, there is very little literature on compliance; much of the compliance literature focuses on retail sales of alcohol to underage youth which is outside the remit of this thesis. There are a few small studies which look at compliance with a particular regulation in a specific setting, for example the content of alcohol adverts during televised sport in the USA[408], the frequency and content of alcohol adverts in magazines targeted at young people in Australia[409], and outdoor advertising in Louisiana and Los Angeles County, USA[395]. One example of the AI circumventing marketing bans comes from Norway which when the inclusion of alcohol logos on visiting sports teams was banned, *Carlsberg* logos were replaced with the word 'Probably' taken from its very well known slogan 'Probably the best beer in the world'[137].

Additionally some NGOs report on regulatory problems, for example the European Centre for Monitoring Alcohol Marketing (EUCAM) regularly reports on self-regulatory failures[410, 411] and non-compliance and circumvention of formal legislation[412-414], and the Dutch Institute for Alcohol Policy (STAP) produced a report in 2007 assessing compliance with alcohol marketing regulations (both formal and voluntary) in a range of European countries[415]. The STAP report found that there was an overall lack of literature regarding alcohol marketing regulations and levels of adherence to these regulations[415]. The geographical bias in this literature (all but one of the studies focussed on Europe, Australia or the USA) indicates that there is a large gap in the understanding of AI compliance with alcohol marketing policies across the world, especially in MICs and LICs.

Advertising restrictions are often open to interpretation, which can sometimes be considered as non-compliance. In the UK, alcohol adverts must not suggest that drinking alcohol will lead to social success, which is a fairly ambiguous requirement. For example, a 2006 *Carling* advert showed a flock of birds performing 'aerial aerobatics' to create the word 'Belong' in the style of *Carling's* logo (Figure 27) and

received complaints arguing that it breached advertising codes[220]. The advert took viewers through the three stages of 'belonging' as outlined in an internal *Carling* document uncovered during the UK parliamentary inquiry (see sub-chapter 4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing): first it showed "the moment when an individual joins a group", then showed viewers "the joy of belonging" as the birds fly and perform together, and finally "the power of belonging" as the birds are, together, able to create the word 'Belong'[220]. Hastings[220] argues that "in the light of these documents the ASA's [regulatory body] conclusion that "the ad did not imply alcohol contributed to the popularity of an individual or the success of a social event" becomes completely implausible".

Figure 27: *Carling's* 'Belong' advert



(Source: [220])

PART 2: THE TOBACCO AND ALCOHOL INDUSTRY'S ATTEMPTS TO INFLUENCE MARKETING REGULATIONS

Chapter 5: The Tobacco Industry's Attempted Influence of Marketing Regulations: A Systematic Review

5.1 Background

The public availability of internal TI documents resulting from state-level litigation and the signing of the MSA in the US has formed the basis of an extensive body of work on TI political activity (see [416] for overview). These studies have greatly expanded understanding of the scope of TI political activity, but they tend to be event or case-study based. While the focused nature of these studies provides potentially valuable detail of the political strategies used by large tobacco companies, they do not draw out the broader trends and patterns of TI political activity, and with over 850 publications now based on these documents[417] it is increasingly difficult for public health advocates and policymakers to learn from the research findings. Only two studies have reviewed elements of this literature systematically[4, 418], and none have attempted to systematically categorise TI political activity in a way that could then be applied to other areas of public health involving corporations.

This chapter therefore aims to both systematically review the existing literature on methods used by the TI to influence regulation aimed at restricting the marketing of tobacco products, and to develop taxonomies for categorising the tactics and arguments used. By providing a summary of industry activity in this area, this review is likely to be a valuable resource for enhancing the ability of public health advocates and policymakers to understand, predict, and potentially counter tactics the TI might use to exert influence on policy and the types of arguments it is most likely to make when it does. This is particularly important given that multiple Articles of the WHO's FCTC make recommendations regarding the marketing of tobacco products, for example Article 13 recommends a "comprehensive ban on advertising, promotion and sponsorship"[324]. The FCTC covers over 87% of the world's population[328], but despite the vast majority of states becoming Party to the FCTC many have yet to implement its recommendations[401] with the tactics of the TI identified as a hindrance to the development and implementation of legislation[403]. Existing research shows that despite TI claims that marketing is only used for brand switching and capturing market share, there is a significant link between TI

marketing and smoking initiation among young people and increased smoking prevalence[17-20]. This underpins the continuing importance of understanding the strategies used by the TI to shape policies aimed at regulating the marketing of tobacco products which kill half of their long-term users[24, 25].

5.2 Methods

This review aimed to identify all articles that examined TI attempts to influence marketing regulation from 1990 to 2013. As shown in sub-chapter 3.2 Corporate Marketing, marketing encompasses five key variables: product, promotion, price, place, and person[157], and each of these are included within the systematic review. However as a systematic review of TI influence on tobacco tax had already been completed[4], price in the form of tax was excluded from the review.

The databases Web of Knowledge (which includes Web of Science, BIOSIS Previews, and MEDLINE), Business Source Premier, and Embase were searched using this search string:

(corporat* OR industr* OR compan* OR busines* OR firm*) AND
(tobacco OR smok* OR cigarette*) AND (marketing OR advertis*
OR sponsor*) AND (regulat* OR policy OR legislat*)

The search engine Google was used to identify grey literature, the UCSF Tobacco Documents 'Marketing and Advertising' Bibliography[419] was searched for additional academic articles, the series of UCSF US State tobacco reports[420] were assessed, and two prominent academic TI experts were selected (based on agreement with one of my PhD supervisors, Professor Anna Gilmore) and contacted via e-mail to identify any additional papers (see Table 2). Primary data were excluded from the review as assessing the 13 million internal TI documents released as part of the MSA was not feasible due to time constraints. All searches were conducted between April and July 2011, and were updated in March 2013. Searches were limited to articles from 1990 to 2013 and those written in English. The search protocol was developed in conjunction with a qualified librarian.

Initial study inclusion/exclusion criteria were discussed extensively between myself and two of my PhD supervisors (Professor Anna Gilmore and Dr Gary Fooks), piloted and re-piloted. The final inclusion/exclusion criteria used in this review can be seen in Box 6. In total 1,754 articles were identified, of which 1,326 were excluded based on their title and abstract alone. 418 articles were downloaded for

full analysis (ten articles could not be located despite efforts to contact the authors). 370 articles were excluded for not meeting the inclusion criteria or due to overlap. The remaining 48 articles met all of the inclusion criteria.

Table 2: Literature searches completed for the tobacco industry systematic review

<u>Location of search</u>	<u>Search notes</u>	<u>Articles returned (excluding duplicates*)</u>
Web of Knowledge (which included Web of Science, BIOSIS Previews and MEDLINE)	Full string in 'Topic'	672
Business Source Premier	Full string in 'Topic', except '(tobacco OR smok* OR cigarette*)' in 'Title' (searching with it in 'topic' returned far too many hits)	231
EMBASE	Full string in 'Topic'	227
UCSF Tobacco Documents 'Marketing and Advertising' Bibliography (www.library.ucsf.edu/tobacco/docs biblio/marketing)	Search string could not be applied so all studies published on this site were initially considered based on their title	99
UCSF reports on state tobacco policymaking (www.tobacco.ucsf.edu/states)	Search string could not be applied so all studies published on this site were initially considered based on their title	45
Contacting experts	E-mail	417**
Search engine 'Google'	Full string	63
Total		1,754

*the searches were undertaken in the order listed within the table, and duplicate articles identified in preceding searches were not counted

**this large number was due to one of the experts who was contacted sending a full list of their publications, most of which were not related to TI marketing

Data extraction (see Appendix 1) was undertaken by myself, and a random sample of 24 (50%) of the included articles were second-reviewed by two of my PhD supervisors (Professor Anna Gilmore and Dr Gary Fooks) to check that all the inclusion criteria were met and to agree final tactic and argument categorisation. All differences were discussed between the three of us. Disagreements related only to categorisation, more often in relation to the categorisation of arguments than tactics. Where disagreement occurred, all evidence falling under that particular category was re-reviewed by all three of us until agreement had been reached. Narrative synthesis was undertaken to combine the evidence from the articles.

Box 6: Tobacco industry systematic review - inclusion and exclusion criteria

To be included in this review, studies and individual tactics and arguments had to fulfil the following criteria:

- Studies must be written in English.
- Studies must cover the period from 1990-2013. In papers that cover both before and after 1990, only those tactics/arguments relating to post-1990 will be recorded and included within this review.
- Studies must look at TI efforts to influence new regulatory measures regarding marketing regulation/policy (information regarding how the industry attempts to circumvent existing regulation will not be included within the review).
- The tactics/arguments covered must be related to one or more of the following: product (for example, packaging, new products/flavours, branding), price* (for example, price promotions, minimum pricing), promotion (advertising including billboards, point-of-sale, sponsorship), place (for example, vending machines, restrictions on advertising near schools) or person (for example, restrictions on advertising or selling to youth).
- Each individual claim made regarding TI tactics/arguments used to influence marketing regulation must be directly supported by verifiable evidence.
- Tactics/arguments identified must be directly implemented by the TI or by a group where substantial evidence suggests that they act on the TI's behalf.
- Tactics/arguments which are noted within the included articles are assumed to have been carried through, in the absence of evidence to the contrary. Tactics/arguments which are shown to only have been planned, and not used, will not be recorded.
- Only tactics/arguments directly related to marketing regulation will be recorded. For example, health warning labels are included as they influence the means of packaging as a marketing tool, but they are excluded if the study only looks at, for example, the wording of the warning, as this does not affect marketing.
- Only tactics/arguments that are clearly detailed in the paper(s) are coded.

*Price in the form of tax has been excluded as a separate review on tax-related lobbying has already been completed (see [4]) and this would therefore overlap. Price in terms of price-based promotions have been included.

5.2.1 Taxonomies

This review splits TI political activity into 'strategies' which include individual 'tactics' (the methods by which a corporation attempts to exert influence) and 'frames' which include individual 'arguments' (the reasons given by a corporation as to why they oppose one idea or support another).

Hillman and Hitt's (1999) paper[357] was used as the basis for the initial categorisation of TI strategies/tactics as it is the most widely cited attempt to analytically categorise the tactics used by corporations attempting to influence policy (outlined in sub-chapter 4.2 Policy Influence and Compliance). While they claim their list is a "comprehensive taxonomy of specific political strategies"[357], it preceded the TI document literature which, given the uniqueness of the resource, is arguably the richest literature available on corporate political activity. Perhaps unsurprisingly, therefore, additional strategies and tactics that were not included within their categorisation were identified.

Hillman and Hitt's[357] categorisation did not consider the frames or arguments used by industry, and so a second taxonomy was developed to take account of these. Frames offer a way of "packaging" an issue[421], they provide a "summary message for a defined topic area"[422] and may contain several arguments that share a common perspective[421, 422]; in other words, frames are the "meta-message"[423]. Many articles, within tobacco[421, 422, 424-429] and other areas[430-433], have shown that how an argument or issue is framed is important for its success and how it is perceived. It was therefore deemed important for the reviews to categorise both the arguments used, and the broader frames in which they fit. There is no consensus within the literature regarding the naming of frames.

The list of strategies/tactics and frames/arguments were developed via 'a priori coding'[434], the former adapted from Hillman and Hitt[357] and the latter based on the limited existing literature on TI frames[425, 427]. Additional categories were added via 'emergent coding'[434] following review of the papers included and after extensive discussions between myself and two of my PhD supervisors (Professor Anna Gilmore and Dr Gary Fooks). This was an iterative process and the taxonomies were only finalised after all of the papers had been reviewed.

5.2.2 Categorisation

The tactics and arguments used by the TI were categorised using the taxonomies outlined above. The number of times each was used was counted. If a tactic or argument was referred to more than once (in one or multiple articles) regarding the

same policy then it was only counted once, however if it was referred to more than once about *different* policies then this was counted separately. While the tactics and arguments counted will be influenced by both the focus of the included articles (and any bias therein) and the framework of categorisation, counting was deemed the best way of obtaining an indication of which tactics and arguments are relied upon most heavily by the TI.

The geography of where each tactic and argument was used was also identified. If the article included was transnational, wherever possible the geography of where the individual tactics and arguments were used was listed. For example, the article by ASH[435] is a transnational study but the tactic 'indirect lobbying' was used in the UK (Europe).

Data was extracted into a custom-made form (see Table 3). As only individual statements were considered from each article, using a critical appraisal form to assess the quality of the overall article was not deemed necessary.

Table 3: Data extraction form

Full reference			
First reviewer		Second reviewer	
Check list for inclusion			
Does the study relate to tobacco industry arguments/tactics used to influence marketing regulation (price (not tax), product, promotion, place, person)?	Yes	No (exclude from review)	
Is the article in English?	Yes	No (exclude from review)	
Is the study concerned with activities which take place from 1990 onwards? (If only concerned with pre-1990, exclude; if concerned with before and after 1990, include and note claims from 1990 onwards).	Yes, study is concerned with post-1990 (state which period it focuses on).	No, study is only concerned with pre-1990 (exclude from review)	
Is verifiable evidence used to support any claims made about tobacco industry arguments/tactics used to influence marketing regulation? (Only note claims that are supported with verifiable evidence)	Yes	No (exclude from review)	
Data Extraction			
What country/region does the article focus on?			
Which companies are studied?			
What methodology and type of data is used?			
Which policy is industry attempting to influence?			
What tactics does industry use?			
Which arguments does industry make?			

5.3 Results

5.3.1 Geography

In total 48 articles that mentioned arguments and tactics used by the TI when attempting to influence marketing regulation were included within this review. Over half (56%) of the articles focussed on activity in North America, Europe or Australasia, 17% focussed on Asia (Table 4). Only one article focussed on activity in Africa, but one 'transnational' study[436] also made references to TI arguments used when countering regulations proposed in Africa.

Table 4: Geographical location of articles included in the tobacco industry systematic review

<u>Geographical Location</u>	<u>Number of articles (%)</u>	<u>Articles</u>
Africa	1 (2%)	Africa [437]
Asia	8 (17%)	Philippines [438]; Malaysia [439]; Japan [440]; Cambodia [33]; Lebanon [441]; China [442]; Uzbekistan ¹ [443]; Middle East [444]
Australasia	3 (6%)	Australia [445] [446]; New Zealand [447]
Europe	5 (10%)	Switzerland [448]; Hungary [449]; Czech Republic [450]; European Union [451] [452]
North America	19 (40%)	USA [453] [382] [454] [455] [456] [457] [458] [459] [460] [461] [462] [463] [464] [465] [466] [467] [468] [469] [470]
South America	4 (8%)	Argentina [471]; Uruguay [472]; Latin America [94] [473]
Transnational	8 (17%)	Transnational [435] [474] [475] [476] [406] [436] [477] [95]
<i>Total</i>	<i>48</i>	

¹Different official bodies class Uzbekistan as either a Central Asian or European country. In this review it is counted as Asian, as per the UN[478]

5.3.2 Tactics and Arguments

The TI uses a number of recurring tactics (Table 5) and arguments (Table 6) when attempting to influence marketing regulation. A table of the underlying data, including all of the tactics and arguments used, can be found in Appendix 1.

5.3.2.1 TI tactics used to influence marketing regulation

This review identified 18 separate tactics (Table 5) falling under six main strategies: 'Information' (providing or manipulating evidence), 'Constituency building' (forming

alliances with other sectors, organisations, or the public to give the impression of larger support for the industry's position), 'Policy substitution' (proposing or supporting alternative policies), 'Legal' (using the legal system), 'Constituency fragmentation, and destabilization' (weakening opponents), and 'Financial incentive' (offering direct or indirect monetary incentives).

The strategies 'Constituency fragmentation' and 'Financial incentive' were identified least frequently and each only in a single geographic region (North America and Europe respectively). The other strategies were widely used, although two individual tactics were only documented in single jurisdictions: pre-emption (Legal strategy) was only seen in the USA, although used in multiple states; and the preparation of position papers/technical reports (Information strategy) was only seen in the EU. A further Information tactic, establishing collaboration with or working alongside policymakers, was only identified in Europe but within two jurisdictions.

Table 5: Tactics used by the tobacco industry when attempting to influence marketing regulation

<u>Strategy (number of times identified)</u>	<u>Tactic</u>	<u>Number of times identified, by geography</u>
Information (44)	Direct lobbying (meetings and correspondence with legislators/policymakers)	23 Africa – 1 [437] Asia – 3 [443] [441] [444] Australasia – 2 [446] [436] Europe – 7 [435] [435] [452] [451] [451] [449] [450] N.America – 6 [462] [468] [460] [467] [436] [477] S.America – 3 [473] [94] [471] Transnational – 1 [406]
	Indirect lobbying (using third parties, including front groups, to lobby on the industry's behalf)	10 Europe – 5 [435] [435] [452] [451] [450] N.America – 5 [455] [465] [468] [458] [436]

	Shaping the evidence base	Commissioning, writing (or ghost writing), or disseminating research/publications ¹	7 Australasia – 2 [445] [446] Europe – 2 [451] [449] N.America – 3 [468] [435] [436]
		Preparing position papers, technical reports or data on impacts (including economic impact studies)	2 Europe – 2 [452] [451]
	Establishing industry/policymaker collaboration (e.g. via working group, technical group, advisory group) / work alongside policymakers providing technical support/advice		2 Europe – 2 [452] [449]
Constituency building (42)	External constituency building	Form alliances with and mobilise other industry sectors/ business/ trade organisations	15 Asia – 1 [444] Australasia – 1 [446] Europe – 5 [435] [451] [451] [450] [449] N.America – 6 [465] [457] [468] [460] [463] [436] S.America – 2 [473] [94]
		Media advocacy (press releases, publicity campaigns, public hearings, interviews)	7 Europe – 3 [448] [452] [451] N.America – 4 [468] [436] [477] [95]
		Form alliances with or mobilize unions/civil society organizations/ consumers/employees/the public	6 Australasia – 1 [446] Europe – 3 [452] [451] [451] N.America – 2 [457] [458]
		Creation of front groups or astroturf organisations ²	3 Europe – 2 [451] [449] N.America – 1 [457]
	Internal constituency building	Collaboration between companies / development of pan-industry group or industry trade association ³	11 Asia – 1 [439] Australasia – 2 [445] [446] Europe – 3 [435] [452] [449] N.America – 2

			[435] [436] S.America – 2 [473] [94] Transnational – 1 [406]
Policy substitution ⁴ (32)	Develop/promote (new or existing) voluntary code / self-regulation		18 Asia – 7 [439] [443] [440] [33] [441] [442] [444] Australasia – 1 [445] Europe – 5 [435] [448] [451] [450] [449] N.America – 2 [453] [459] S.America – 2 [473] [94] Transnational – 1 [406]
	Develop/promote alternative regulatory policy ⁵		8 Asia – 1 [444] Australasia – 1 [446] Europe – 1 [451] N.America – 2 [468] [461] S.America – 2 [473] [471] Transnational – 1 [95]
	Develop/promote non-regulatory initiative (generally seen to be ineffective/less effective, e.g. education programmes)		6 Africa – 1 [437] Asia – 1 [444] N.America – 1 [95] S.America – 2 [94] [471] Transnational – 1 [406]
Legal (15)	Pre-emption		6 N.America – 6 [453] [466] [467] [460] [461] [463]
	Using litigation / threat of legal action		9 Africa – 2 [436] [436] Asia – 1 [438] Australasia – 1 [446]

		Europe – 2 [452] [475] N.America – 3 [454] [457] [469]
Constituency fragmentation and destabilization (2)	Preventing the emergence of, neutralising and/or discrediting potential opponents (individuals, organisations or coalitions)	2 N.America – 2 [468] [458]
Financial Incentive (2)	Providing current or offering future employment to those in influential role	1 Europe – 1 [451]
	Gifts, entertainment or other direct financial inducement	1 Europe – 1 [450]

¹Including research/publications intended to undermine or misrepresent existing evidence

²Creation of group for specific purpose of working against proposed policy

³Routine use of a trade association was not counted, industry collaboration had to be 'active'

⁴Includes efforts to prevent the implementation of 'anticipated' policies

⁵In some cases, industry uses legislators to promote their alternative policies

A variety of Information strategies were identified and widely used. These include direct[94, 406, 435-437, 441, 443, 444, 446, 449-452, 460, 462, 467, 468, 471, 473, 477] and indirect[435, 436, 450-452, 455, 458, 465, 468] lobbying of policymakers, attempting to shape the evidence via commissioning research[435, 436, 445, 446, 449, 451, 468] or preparing technical reports[451, 452], and efforts to establish collaboration with policymakers[449, 452]. When lobbying directly the TI often identifies and targets specific politicians, hoping that they will act on their behalf in policy discussions; this was seen in the UK[435, 451], Uzbekistan[443], Australia[446], the EU[452], and the USA where there was evidence that legislators have lobbied on the industry's behalf[455, 465]. There was also evidence that the TI lobby domestic political actors to represent their interests in other countries; for example in 1992 when plain packaging was proposed in Australia, the TI "approached the vice-consul (commercial) of the British Consul General in Sydney" in order to ask for assistance from the UK government in dealing with the Australian government[436].

The use of indirect lobbying, where the TI's interests are often hidden behind front groups or allies from other industry sectors or trade organisations, was frequent. Evidence from only Europe and North America may reflect the loss of TI credibility in these regions and hence its need to use third parties, or it may simply reflect the

research base. Examples illustrate the range of contexts in which this tactic was used. When opposing the UK's Tobacco Advertising Bill in 2000, for example, the TI "encouraged a range of other organisations" to lobby the government on their behalf, these included the British Brands Group, the Association of Convenience Stores, and the Advertising Association[435], the TI again involved similar front groups when plain packaging was discussed in the UK in 2008[435]. When the use of new health warnings was proposed in Australia in 1991, the TI, through a lobbyist, gained the support of third parties such as the Business Council of Australia, the Confederation of Australian Industry, the media, unions, advertising organisations, and growers and suppliers[446]. And when the European Community (EC) sought to end all tobacco advertising in member states in the 1990s, "PM sought to preserve Denmark's opposition to the ban through the creation of the Committee for Freedom of Commercial Expression" which was "managed at arm's length" and recruited more than 50 prominent Danes including a leading lawyer, a leading Danish writer and philosopher, and a well-known architect[451].

Attempts to shape the evidence base were also identified as a key element of the TI's information strategy[435, 436, 445, 446, 449, 451, 452, 468]. For example, in order to counter the EC directive banning tobacco advertising and sponsorship, the TI commissioned two "separate but complementary projects" through the Adam Smith Institute in London which were to argue against the ban in the "context of a host of proposals which progressively restrict personal freedom"[451]. When plain packaging was suggested in Canada, the TI developed a common strategy and created the 'Plain Packs Bible' as a "resource for ... the industry and allied groups who need to put the industry's case in public" and something that would be "accessible for civil servants and politicians"[435].

External Constituency Building was often linked to indirect lobbying because the TI both creates front groups or astroturf organisations to lobby on its behalf[449, 451, 457], or forms alliances with and mobilises existing organisations[94, 435, 436, 444, 446, 449-452, 457, 458, 460, 463, 465, 468, 473]. For example, PM was able to cultivate and create allies to support the TI by contributing financially to women's organisations in the USA; when a bill further restricting television advertising was proposed, American Women in Radio and Television wrote letters to Congress opposing the ban "out of gratitude" for PM's support[458].

Internal Constituency Building (collaboration among manufacturers) was also common and cut across different policies and jurisdictions[94, 406, 435, 436, 439,

445, 446, 449, 452, 473]. This review suggests it occurs when the TI is facing a major regulatory threat, for example it was reported in TI attempts to combat the introduction of plain packaging in Canada[435], the FCTC globally[406], and the European Tobacco Products Directive (TPD)[452].

The use of policy substitution also appears to be a key strategy used to prevent the implementation of marketing regulations, and has been documented globally. Most frequently the TI proposes the implementation of voluntary regulation in place of formal legislation[33, 94, 406, 435, 439-445, 448-451, 453, 459, 473]. This tactic is designed to reduce political pressure to formally regulate (which is attractive to policymakers, mostly due to cost), and to pre-empt political action. For example, when faced with a ban on all direct and indirect advertising in Malaysia, the TI created a voluntary code entitled 'Code for the Marketing of Cigarettes'[439], and similarly in Australia PMI developed their own marketing code of practice specifically intended to be used "in lobbying, to gain a public relations advantage by promoting PMI as responsible towards youth"[445]. Voluntary regulation has also been proposed by the TI, and in some cases implemented, in the USA[453, 459], Japan[440], Cambodia[33], Lebanon[441], China[442], Hungary[449], Czech Republic[450], UAE[444], and Switzerland[448], and has also been suggested when the risk of regulatory intervention is transnational[94, 406, 451, 473].

Similarly, the TI often develops or promotes non-regulatory initiatives, such as youth education programmes, in order to avoid more formal legislation and appear socially responsible[94, 95, 406, 437, 444, 471]. For example, when opposing FCTC restrictions on marketing, the TI saw youth access schemes as a way to "make a significant gesture that would divert attention from the FCTC, moderate the WHO's moves toward the FCTC, and bring the tobacco companies together against the FCTC"[406]. Much research shows TI-funded educational campaigns are ineffective[95, 479], and often counterproductive[479, 480].

The third policy substitution tactic identified is the development or promotion of an alternative regulatory policy to the one being proposed that is less effective and more favourable to their business interests[95, 444, 446, 451, 461, 468, 471, 473]. For example, in Australia, when new health warnings were proposed in 1991, the TI decided that their best chance of minimising their effect was to support the adoption of the (weaker) European health warnings then being used, rather than those suggested by the Australian Ministerial Council on Drugs Strategy, as the European warnings were at the bottom of the pack and comparatively small[446]. And, when

the EC proposed a ban on tobacco advertising, the TI in Germany worked with the German government to “introduce a weak proposal designed to replace the proposed, stronger EC advertising ban”[451]. It was drafted by TI officials and was meant to be submitted to the EC through German representatives without acknowledging its true origin[451].

Using or threatening legal action against a proposed regulation was commonly used and seen globally[436, 438, 446, 452, 454, 457, 469, 475], for example it was used multiple times when packaging regulations were proposed[436, 438, 469, 475]. It is typically used once other tactics have failed, and reinforces industry arguments about the high costs of regulation and the immediate fiscal advantage of policies (notably self-regulation) promoted by the industry. The TI was also seen attempting to use legal action to suppress an individual opposition organisation[446]. The second legal tactic, pre-emption, was only documented in the US but occurred in multiple states. It was found to have been used when the TI was arguing against youth access restrictions[453, 460, 461, 467], and in some cases more specifically against vending machines restrictions[463, 466].

5.3.2.1 TI arguments used to influence marketing regulation

This review identified 17 separate arguments (Table 6), which were grouped into four main frames: ‘Negative Unintended Consequences’ (direct and indirect compliance costs (monetary and other)), ‘Legal’ (illegality of the policy (the implicit cost for government)), ‘Regulatory Redundancy’ (policy is unnecessary), and ‘Insufficient Evidence’ (policy is not based on sound evidence). The ‘Negative Unintended Consequences’ and ‘Legal’ frames were the most commonly used.

While all of the frames were seen across a wide range of geographic areas, again highlighting the cross-national nature of TI political activity, three arguments within these frames were only used in one jurisdiction: “Regulation will cause an increase in illicit trade” was only identified as having been used in the USA[435, 436]; the argument that ‘the regulation is discriminatory’ was only identified as having been used once in Europe[452]; and the argument that ‘the health impacts of smoking remain unproven’ was only identified in Uzbekistan[443].

Table 6: Arguments used by the tobacco industry when attempting to influence marketing regulation

<u>Frame</u> (number of times identified)			<u>Argument</u>	<u>Number of times identified, by geography</u>
Negative Unintended Consequences (32)	Economic (21)	Manufacturers	The cost of compliance for manufacturers will be high / the time required for implementation has been underestimated	6 Australasia – 2 [446] [447] Europe – 2 [452] [475] N.America – 1 [462] Transnational – 1 [474]
			Regulation will result in financial or job losses (among manufacturers)	3 Asia – 1 [443] Europe – 1 [452] N.America – 1 [436]
			The regulation is discriminatory / regulation will not affect all producers/customers equally	1 Europe – 1 [452]
		Public Revenue	Regulation will cause economic/financial problems (for city, state, country or economic area (e.g. European Union))	7 Asia – 2 [443] [444] Europe – 2 [452] [449] N.America – 3 [462] [464] [435]
		Associated industries	Regulation will result in financial or job losses (among retailers and other associated industries, e.g. printing, advertising, leisure)	4 Australasia – 1 [447] Europe – 1 [452] N.America – 2 [464] [463]
		Public Health (4)	Regulation will have negative public health consequences	4 Australasia – 1 [446] N.America – 2 [435] [436] Transnational – 1 [476]
	Illicit Trade ¹ (2)		Regulation will cause an increase in illicit trade	2 N.America – 2 [435] [436]

	Other (5)	Regulation could have other negative unintended consequences (e.g. cause confusion amongst customers, set a precedent for other types of products/'slippery slope')	5 Africa – 1 [436] Australasia – 1 [447] N.America – 2 [468] [435] Transnational – 1 [474]
Legal (30)		Infringes legal rights of company (trademarks, intellectual property, constitutionally protected free speech (e.g. US First Amendment), international trade agreements)	20 Africa – 2 [436] [436] Asia – 3 [435] [436] [436] Australasia – 3 [446] [436] [436] Europe – 5 [435] [435] [452] [436] [436] N.America – 4 [435] [382] [436] [436] S.America – 1 [472] Transnational – 2 [476] [436]
		Regulation is more extensive than necessary / regulation is disproportionate	4 Australasia – 1 [446] Europe – 1 [452] N.America – 1 [436] Transnational – 1 [476]
		Body doesn't have the power to regulate / it's beyond their jurisdiction	4 Europe – 2 [452] [451] N.America – 2 [454] [436]
		Regulation will cause an increase in compensation claims	2 Australasia – 1 [436] N.America – 1 [436]
	Regulatory Redundancy (13)	Industry adheres to own self-regulation codes / self-regulation is working well	5 Asia – 1 [443] Australasia – 1 [445] N.America – 2 [456] [95] Transnational – 1 [406]

	Industry only markets to those of legal age / is actively opposed to minors using product	4 Asia – 1 [442] N.America – 2 [455] [456] Transnational – 1 [406]
	Existing regulation is satisfactory/existing regulation is satisfactory, but requires better enforcement	4 Europe – 1 [452] N.America – 3 [455] [456] [470]
Insufficient Evidence (11)	There's insufficient evidence that the proposed policy will work / marketing doesn't cause or change behaviour (it's only used for brand selection and capturing market share), so regulation will have no effect	10 Asia – 2 [443] [442] Australasia – 4 [445] [446] [447] [474] Europe – 1 [452] N.America – 2 [435] [456] Transnational – 1 [476]
	The health impacts of consumption remain unproven	1 Asia – 1 [443]

¹ 'Illicit Trade' is separate as it both undermines public health policy and has economic consequences

A large number of arguments focused on the negative unintended consequences of legislation. These included claims of economic losses to tobacco manufacturers (including compliance costs, job losses, and lost competitiveness)[436, 443, 446, 447, 452, 462, 474, 475], associated industries[447, 452, 463, 464], and the public revenue[435, 443, 444, 449, 452, 462, 464]. Such arguments sometimes involve exaggerated claims, for example it was claimed that a ban on advertising in Uzbekistan would lead to “the immediate demise of the domestic cigarette industry”[443]. There are a wide variety of other arguments in this frame, including the claim that the proposed regulation will have negative public health consequences[435, 436, 446, 476]. For example the TI argued that plain packaging in Canada would “make cigarettes cheaper and more available to youth”[436] and new warning labels in Australia would lead to “warning overload” causing consumers to “ignore warning labels entirely”[446].

Arguments questioning the legality of policies to curb TI marketing (legal frame) are very common and aim to shift the focus of the debate away from public health and consumer protection, aiming instead to highlight the potential administrative costs of new policies. The argument that a proposed policy violates the TI's legal rights has been widely used to fight a variety of public health policies including the regulation of packaging (health warnings and plain packaging)[435, 436, 446, 472, 476], product descriptors (such as 'light' or 'mild')[435, 436], and advertising bans[382, 436]. Such arguments frequently claim that public health measures are incompatible with trade law. For example FCTC proposals to remove product descriptors were met with TI arguments that the words were part of a trademark and therefore the proposed regulation would violate Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Paris Convention[436], and in Uruguay PM alleged that plain packaging regulations would violate a Switzerland-Uruguay bilateral investment treaty[472]. Such arguments are made despite growing evidence that they are misplaced (see below).

Other arguments falling within the legal frame involve exaggerated and emotive claims such that regulation is "extreme", "disproportionate" (PM on plain packaging[476]), or "excessive" (the TI on pack health warnings in Canada[436]), or a demonstration of the "nanny state" (as per Australia's approach to health warnings[446]). These claims relate to broader libertarian arguments about the appropriate level of state intervention and regulation, and aim to increase the political risks for policymakers. In Europe, the TI has argued that the EU's powers do not extend to public health regulations, and the issue is instead one for individual Member States[451, 452], and similarly in North America the TI has argued that regulation is "beyond federal jurisdiction"[436] and that "the Constitution prohibits any one state from regulating avenues of national commerce"[454]. Although the argument that the proposed regulation will lead to an increase in compensation claims was only identified twice[436], the threat of the cost of litigation underlies all of these legal arguments.

Arguments that the regulation is unnecessary (regulatory redundancy frame) were also frequently used. These claims took a variety of forms including that the TI is opposed to youth smoking and does not market to youth[406, 442, 455, 456], and that they can be trusted to comply with voluntary regulations and that existing voluntary initiatives work[95, 406, 443, 445, 456]. In some instances the TI suggested that existing regulation was sufficient or simply needed better

enforcement[452, 455, 456, 470]. In all cases the overarching message was that further regulation was unnecessary.

Questioning the strength of evidence[435, 442, 443, 445-447, 452, 456, 474, 476] (insufficient evidence frame) that supports public health policies is a common technique that has been used, for example, to oppose the introduction of plain packaging (in New Zealand[474], Canada[435], and transnationally[476]) and raise doubts about the impact of TI advertising on consumer behaviour[443, 445, 456]. This argument, along with others, is used to increase scepticism about the likely benefits of regulation and reinforce other arguments the TI makes.

There are major doubts over the accuracy of almost all of the arguments identified in this taxonomy. For example, arguing that plain packaging violates trademarks under World Trade Organisation (WTO) rules ignores the distinction made between registration and use under TRIPS and the Paris Convention[481]. There is no provision within WTO rules that requires "WTO Members to grant the owner of a registered trademark, an affirmative right to actually 'use' that mark"[481]. Moreover, members are granted "significant flexibility in enacting public health measures" when it's necessary to protect "human, animal or plant life or health"[481]. While the US First Amendment provides extensive protection to freedom of speech, it has been argued that "protecting the public health may necessitate stringent limits on commercial expression"[482] therefore allowing some speech to be restricted for the good of the public's health. In Europe and North America where the TI have argued that the regulation falls outside of EU or federal jurisdiction is also false, and its attempts to overturn regulation on this basis have failed[452]. Additionally, arguing that there is no evidence that regulating marketing works has also been found to be false. Much research has found a significant link between advertising and smoking behaviour[17-20].

5.4 Discussion

This systematic review suggests that the TI uses a relatively narrow range of strategies/tactics and frames/arguments when attempting to influence marketing regulation, albeit a wider range than suggested by existing taxonomies of corporate political activity. This review also suggests that TI political activity is not geographically specific, with strategies/tactics and frames/arguments being used across a wide variety of jurisdictions indicating that they are transferable.

Consequently the taxonomies developed within this chapter are likely to be helpful in understanding TI political activity internationally.

Taxonomies

Hillman and Hitt's[357] framework, on which the categorisation of tactics in this review was initially based, considerably under-represents the range of tactics that the TI uses when attempting to influence policy. This may reflect both the unprecedented number of regulatory risks facing this particular industry and that their categorisation was developed prior to the release of internal TI documents. Additionally, Hillman and Hitt's[357] taxonomy was based on exchange theory which assumes that corporate political activity represents one side of an exchange relationship in which corporations offer policymakers support and information in return for influencing policy. While the relevance of this approach is now arguably more limited with the advent of the FCTC's Article 5.3 (which aims to protect public health policies from the "vested interests of the tobacco industry"[330]), this will not necessarily reduce the TI's ability to influence policy but simply require them to do so less directly and openly. The frequency with which the TI relies on third parties highlights the weakness of exchange theory-based models of corporate political activity. This review also identified tactics/strategies that sit outside of exchange theory (some are *explicitly* negative, such as constituency fragmentation and the threat of litigation, and some are *implicitly* negative, such as ineffective forms of self-regulation) which challenges the assumption that corporate political activity is designed to produce outcomes that are mutually beneficial to corporations and policymakers, and shows that the information and arguments the TI uses are highly misleading; findings which suggest Hillman and Hitt's[357] model may be both limited and naïve.

Although it appears that the TI uses a number of discrete arguments within a narrow range of frames, many of them fall within a larger 'cost-benefit' meta-frame which promotes the economic and social costs of proposed public health policies and underplays their benefits. TI activity is designed to promote these ideas in a diverse range of ways in order to ensure that the message reaches key policymakers and appears to come from a number of different sources. This approach is highly relevant to current policymaking which embeds stakeholder consultation and impact assessments within the process of policy formation; it has previously been shown that the TI successfully lobbied for the introduction of impact assessments in Europe (impact assessments using a cost-benefit approach in which the impacts of policies

are monetised) because it felt that this system would work to its advantage and make it harder for public health policies to be implemented[483]. This is also supported by the related literature[484] which shows how impact assessment, notably cost-benefit analysis, can work to assist corporate interests. Arguments such as 'the cost of compliance will be high', 'the regulation is more extensive than necessary' and those under the 'negative unintended consequences' frame are used to increase scepticism about the likely benefits of regulation, and highlight the potential future costs for industry, retailers, and the public through the wasting of public funds on unnecessary policy formation, discussion and implementation. This is also observed through the omission of a 'health' frame[485]; this review found no evidence of the TI making reference to the dangers of smoking, although it did find an example of the TI refuting the relationship between smoking and disease as late as 1994 in Uzbekistan[443]. This singular use perhaps indicates that the TI sometimes uses arguments on the basis of their potential to influence, rather than on their validity.

Finally it is noted that there is some overlap in the tactics and arguments used by the TI. For example, there is both a legal strategy and a legal frame, the policy substitution strategy overlaps with the regulatory redundancy frame (especially, for example, the tactic 'develop/promote voluntary code/self-regulation' and argument 'industry adheres to own self-regulation'), and many of the arguments within the negative unintended consequences frame are linked to constituency building efforts. Additionally, the strategy 'external constituency building' is often linked to the tactic 'indirect lobbying' (all but one[455] of the articles documenting indirect lobbying also document external constituency building). This highlights how the tactics and arguments used by the TI reinforce one another.

Strengths and limitations

This review has a number of limitations. First, although a broad search strategy and search string was used when initially identifying articles it is still possible that some relevant articles may have been missed and therefore not included within the review. To minimise this, a librarian was consulted, online research repositories were searched, and experts in the field were contacted to identify additional articles. Second, the coding of arguments and tactics within the articles is often subjective. To mitigate this, myself and two of my PhD supervisors (Professor Anna Gilmore and Dr Gary Fooks) reviewed and re-reviewed the coding at various points during the systematic review process and, at the end, collectively reviewed 50% of the

included articles, plus all of those in categories where coding concerns had been identified. Third, the identification of tactics and arguments, and the jurisdictions in which they are used, is dependent on the available literature, its quality, and any publication bias. This in turn may depend on limitations in the availability and nature of the TI documents on which much of the literature is based. These issues have a number of implications, for example many of the articles included did not focus primarily on TI attempts to influence marketing regulations and only made brief references to TI tactics or arguments, with little context or background. This limitation was overcome by requiring each tactic and argument to be supported by verifiable evidence. Information regarding the success or failure of a particular policy proposal was not always recoded, making it impossible to reliably determine which tactics or arguments were most successful in defeating marketing-related regulations. Additionally, it is highly likely that some of the tactics and arguments were used more frequently by the TI than identified within the literature. For example, financial incentives are likely to be used more frequently and broadly than the two occasions identified in Europe[450, 451], it is known that the TI frequently attempts to discredit their opponents (see for example[486-489]) however this tactic was only found to have been used twice within the included literature[458, 468], and similarly, arguments that marketing regulations will increase illicit tobacco are more commonly used, and in more jurisdictions, than this review would suggest[202, 490, 491]. The limited appearance of some arguments, such as tobacco not having been proven to cause disease (which was only identified as having been used by the TI in Uzbekistan in 1994[443]), may reflect the fact that only tactics and arguments from 1990 onwards were included. In addition, it is noted that despite a growing literature showing how the TI influences trade agreements and then uses them to argue against the feasibility of regulations[492, 493], the use of trade agreements to pre-empt marketing policy is not identified as a tactic (although the use of trade agreements as an argument under the 'legal' frame is identified). This is perhaps due to the focus of the search being on the TI's influence of marketing regulations which may, therefore, have missed articles examining industry influence on trade agreements that were in turn used to influence marketing regulations. Due to concerns regarding bias in the literature, the counting element of this review should be used as a guideline only to provide some insight into the most frequently used tactics and arguments.

The main strength of this review is its systematic approach and its attempt to rigorously categorise industry strategies/tactics and frames/arguments; it is the first

attempt to do so. A key strength is the geographic diversity of the literature reviewed. Although over half of the included articles (26 articles, 56%) focussed on North America, Europe or Australasia (perhaps in large part due to grants provided by the USA's NCI for research on TI documents in the early 2000s), a significant proportion did not, and the geographic base was far more diverse than some previous reviews of industry activity[4]. This review provides sufficient evidence to suggest that the tactics and arguments used to influence policymakers in HICs are also used in LICs. The data is, however, unable to offer any guidance on which arguments and tactics are most likely to be used in different jurisdictions. While some tactics and arguments were seen only in one or a few jurisdictions, this sometimes appears to reflect limitations in the underlying literature (see above), or specific jurisdictional issues for example the use of pre-emption in US states. While care needs to be taken in assuming that tactics and arguments used in one jurisdiction will be used elsewhere, this review suggests that the findings will be broadly applicable across different geographies; this might reflect the tendency for TI political activity to be centrally coordinated, underlining the importance of collaboration between public health advocates internationally. It is, however, also important to note that some arguments are likely to be more effective in certain circumstances, for example legal arguments may be more successful where government legal expertise is undeveloped and the costs of litigation proportional to government revenue are high[492].

Implications for policy, practice, and research

This systematic review has identified common tactics and arguments that the TI uses to prevent the implementation of regulation, and has shown that they are repeatedly used across different jurisdictions. Policymakers need to be aware of these in order to understand how the TI may try to manipulate the regulatory environment in their own interests, and public health advocates can use this information to prepare effective counter strategies.

Models of corporate political activity based on internal TI documents represent a potentially valuable analytical tool with which to examine opposition to public health policies and identify low visibility activity (such as activity undertaken by third parties). Further work is now needed to examine whether the taxonomies for TI tactics and arguments developed in this chapter can be applied to other industries and policy areas. Further research is also required to examine the interconnections between strategies/tactics, frames/arguments and different intended audiences.

Finally, due to limitations in the included literature, it is also recommend that future research on corporate influence should, where at all possible, include contextual information, ensure all claims are supported by reliable and verifiable evidence, and that the success or failure of individual tactics and arguments are recorded.

Chapter 6: The Alcohol Industry's Attempted Influence of Marketing Regulations: A Systematic Review

6.1 Background

The understanding of how large corporations seek to shape health policy has been considerably advanced by the analysis of millions of internal TI documents released following litigation in the USA[352, 494, 495]. With this unique resource, systematic reviews[4, 418] which provide detailed overviews of how the TI seeks to influence policy have begun to be published. With a relative lack of high quality documentary data, research on AI political activity is considerably less established and awareness of the AI's political activity is less developed[363, 496]. This may account for differences in how public institutions, such as the WHO, engage with the TI and AI. While Article 5.3 of the FCTC requires all Parties to protect health policies from the “vested interests of the tobacco industry”[330] and guidelines for this article identify the need to actively monitor and expose TI conduct[497], the WHO's approach to the AI is one of partnership and cooperation[65]. This position has persisted despite appeals from the public health community[498] and research suggesting that ‘Big Tobacco’ and ‘Big Booze’ operate in similar ways[334], although recently the WHO has highlighted the importance of protecting the development of all health policies from “commercial or vested interests”[499].

As shown in Part 1, it is important to understand how corporations, especially those producing products that have the potential to damage health, attempt to influence regulation. As argued in relation to the AI, “for politicians and health experts it is important that they reveal to the public the subversive messaging of the alcohol industry and do not fall prey to the industry's half-truths—or worse—out right lies”[500]. This chapter aims to systematically review the tactics and arguments the AI uses when attempting to influence public policy relating to alcohol marketing, and to develop taxonomies for tactic and argument categorisation. This focus is chosen for two reasons. First AI marketing is known to significantly influence drinking initiation and prevalence[21-23] and restrictions on alcohol marketing are a key element of alcohol control[14, 163, 164, 221, 319, 345]. Second, it deliberately builds upon the first review's findings (Chapter 5) by further developing the taxonomies of arguments and tactics, and applying them to a second industry.

Using the same method of classification makes the two industries easily comparable and highlights how the new taxonomies can be applied to different industries. This review should therefore enhance the ability of public health advocates and policymakers to understand, predict, and potentially counter the ways in which the AI may try to exert influence on policy and the types of arguments it is most likely to make when it does.

6.2 Methods

This review aimed to identify all articles (based on either primary or secondary data) that examined AI attempts to influence marketing regulation from 1990 to 2013. The AI comprises large MNCs and tiny specialist brewers, and both on- and off-trade businesses (sales for consumption 'on' the premises and 'off' the premise, respectively). In this review tactics and arguments used by any alcohol producer or group representing these producers are included. As before, all five elements of the marketing mix (product, promotion, price, place, and person[157]) are included, but as price in the form of tax was excluded from the TI systematic review because a systematic review of TI influence on tobacco tax had already been completed[4], for comparative purposes it was also excluded from this review.

The databases Web of Knowledge (which includes Web of Science, BIOSIS Previews, and MEDLINE), Business Source Premier, and Embase were searched using this search string:

(corporat OR industr* OR compan* OR busines* OR firm*) AND
(alcohol OR drink) AND (marketing OR advertis* OR sponsor*) AND
(regulat* OR policy OR legislat*)*

The search engine Google was used to identify grey literature and five prominent academic alcohol control experts were selected (based on agreement with one of my PhD supervisors, Professor Anna Gilmore) and contacted via e-mail to identify any additional articles (see Table 7). All searches were conducted between April and July 2011, and were updated in March 2013. Searches were limited to articles from 1990 to 2013 and those written in English. The search protocol was developed in conjunction with a qualified librarian.

Initial study inclusion/exclusion criteria were piloted and were discussed extensively between myself and two of my PhD supervisors (Professor Anna Gilmore and Dr Gary Fooks). The final inclusion/exclusion criteria used in this review can be seen in

Box 7. In total 917 articles were identified, of which 670 were excluded based on their title and abstract alone. 239 articles were downloaded for full analysis (8 articles could not be located despite efforts to contact the authors). 222 articles were excluded for not meeting the inclusion criteria. The remaining 17 articles met all of the criteria and were included within the review.

Table 7: Literature searches completed for the alcohol industry systematic review

<u>Location of search</u>	<u>Search notes</u>	<u>Articles returned (excluding duplicates*)</u>
Web of Knowledge (which included Web of Science, BIOSIS Previews and MEDLINE)	Full string in 'Topic'	424
Business Source Premier	Full string in 'Topic', except '(alcohol OR drink)' in 'Title' (searching with it in 'topic' returned far too many hits)	297
EMBASE	Full string in 'Topic'	144
Contacting experts	E-mail	16
Search engine 'Google'	Full string	36
Total		917

*the searches were undertaken in the order listed within the table, and duplicate articles identified in preceding searches were not counted

Data extraction (see Appendix 2) was undertaken by myself, and 100% of the included articles were second-reviewed by one of two of my PhD supervisors (Professor Anna Gilmore or Dr Gary Fooks) to check that all of the inclusion criteria were met and to agree tactic and argument categorisation (the higher percentage was due to the overall lower quality data and broader review criteria). Any differences were discussed between all three of us. Disagreements related only to categorisation, more often in relation to the categorisation of arguments than tactics. Where disagreement occurred, all evidence falling under that particular category was re-reviewed by all three of us until agreement had been reached. Narrative synthesis was undertaken to combine the evidence from the articles.

Box 7: Alcohol industry systematic review - inclusion and exclusion criteria

To be included in this review, studies and individual arguments/tactics had to fulfil the following criteria:

- Studies must be written in English.
- Studies must cover the period from 1990-2013. In papers that cover both before and after 1990, only those tactics/arguments relating to post-1990 will be recorded and included within this review.
- Studies must look at AI efforts to influence a) policy debates concerning marketing regulations generally, or b) new specific marketing policies, or c) broader alcohol policy within which marketing is included (information regarding how the industry attempts to circumvent existing regulation will not be included within the review).
- The tactics/arguments covered must be related to one or more of the following: product (for example, packaging, new products/flavours, branding), price* (for example, price promotions, minimum pricing), promotion (advertising including billboards, point-of-sale, sponsorship), place (for example, restrictions on advertising near schools) or person (for example, restrictions on advertising or selling to youth).
- Each individual claim made regarding AI tactics/arguments used to influence marketing regulation must be directly supported by verifiable evidence (either a clear citation that could be verified by the authors or a direct quote from an AI official or industry affiliated body).
- Tactics/arguments identified must be directly implemented by the AI or by a group where substantiated evidence suggests that they act on the AI's behalf.
- Tactics/arguments which are noted within the included articles are assumed to have been carried through, in the absence of evidence to the contrary. Tactics/arguments which are shown to only have been planned, and not used, will not be recorded.
- Only tactics/arguments directly related to marketing regulation will be recorded. For example, health warning labels are included as they influence the means of packaging as a marketing tool, but they are excluded if the study only looks at, for example, the wording of the warning, as this does not affect marketing.
- Only tactics/arguments that are clearly detailed in the paper(s) are coded.

*Price in the form of tax has been excluded because tax-related lobbying was excluded from the systematic review of TI political activity and it was the aim to make the TI and AI reviews comparable. Price in terms of price-based promotions have been included.

Unlike the TI review which was based solely on secondary data, this review is based on both primary and secondary data. Primary data came predominantly from a UK parliamentary inquiry into alcohol where four producers and their communications agencies were asked to provide documents relating to five brands and were questioned by MPs from the Health Select Committee (see sub-chapter 4.1 The Global Regulatory Environment: Tobacco and Alcohol Marketing); many additional companies, trade groups and SAOs also provided written evidence[57, 220, 333]. Additionally, due to a lack of evidence on specific regulatory proposals, the present review was expanded to look at AI influence on marketing policy debates along with their influence on specific marketing regulations as per the TI review.

6.2.1 Taxonomies and Categorisation

AI political activity was divided into 'strategies'/'tactics' (the methods by which a corporation attempts to exert influence) and 'frames'/'arguments' (the reasons given by a corporation as to why they oppose one idea or support another). Taxonomies developed in the first systematic review of TI political activity (Chapter 5), which had partly been based on Hillman and Hitt's (1999) paper[357], were used as an initial framework to code AI political activity. Coding categories (strategies/tactics and frames/arguments) were amended and developed via 'emergent coding'[35]. This was an iterative process and the taxonomies were only finalised after all the papers had been reviewed as described above.

The geographical distribution of where tactics and arguments were used was also recorded. If the article included was transnational, the geography of where the individual tactics and arguments were used was listed. For example, the article by Casswell and Thamarangsi[338] is a transnational study, but the 'free market economy' argument was used in France.

Data was extracted into a custom-made form (see Table 8). As only individual statements were considered from each article, using a critical appraisal form to assess the quality of the overall article was not deemed necessary.

Table 8: Data extraction form

Full reference			
First reviewer		Second reviewer	
Check list for inclusion			
Does the study relate to alcohol industry arguments/tactics used to influence marketing regulation (price (not tax), product, promotion, place, person)?	Yes		No (exclude from review)
Is the article in English?	Yes		No (exclude from review)
Is the study concerned with activities which take place from 1990 onwards? (If only concerned with pre-1990, exclude; if concerned with before and after 1990, include and note claims from 1990 onwards).	Yes, study is concerned with post-1990 (state which period it focuses on).		No, study is only concerned with pre-1990 (exclude from review)
Is verifiable evidence used to support any claims made about alcohol industry arguments/tactics used to influence marketing regulation? (Only note claims that are supported with verifiable evidence)	Yes		No (exclude from review)
Data Extraction			
What country/region does the article focus on?			
Which companies are studied?			
What methodology and type of data is used?			
Which policy is industry attempting to influence?			
What tactics does industry use?			
Which arguments does industry make?			

6.3 Results

6.3.1 Geography

In total 17 articles met the inclusion criteria. A quarter (24%) of the articles focussed on Europe, and a further quarter (24%) were transnational (Table 9). No articles focussed on AI conduct in South America.

Table 9: Geographical location of articles included in the alcohol industry systematic review

<u>Geographical location</u>	<u>Number of articles (%)</u>	<u>Articles</u>
Africa	2 (12%)	Sub-Saharan Africa [372]; South Africa [501]
Asia	1 (6%)	Thailand [502]
Australasia	3 (18%)	Australia [503] [504] [505]
Europe	4 (24%)	UK [57] [236]; Netherlands [243]; Ireland [506]
North America	3 (18%)	USA [138] [507]; Canada and USA [508]
Transnational	4 (24%)	Transnational [338] [382] [96]; OECD [509]
<i>Total</i>	17	

6.3.2 Tactics and Arguments

The AI uses a number of recurring tactics (Table 10) and arguments (Table 11) when attempting to influence marketing regulation. A table of the underlying data, including all of the tactics and arguments used, can be found in Appendix 2.

6.3.2.1 AI tactics used to influence marketing regulation

This review identified 20 separate tactics falling under five main strategies (Table 10): 'Information' (providing or manipulating evidence), 'Constituency building' (forming alliances with other sectors, organisations, or the public to give the impression of larger support for the industry's position), 'Policy substitution, development and implementation' (proposing, supporting or helping to implement alternative policies), 'Legal' (using the legal system), and 'Financial incentive or threat' (offering direct or indirect monetary incentives or threatening financial withdrawal).

Of all the tactics that were used more than once (17 out of the 20 tactics), all but four (indirect lobbying, establishing industry/government collaboration, omission of evidence, and developing regulation from scratch and planning implementation) were used in multiple geographical locations therefore highlighting the transnational nature of AI political activity.

Table 10: Tactics used by the alcohol industry when attempting to influence marketing regulation

<u>Strategy (number of times identified)</u>	<u>Tactic</u>	<u>Number of times identified, by geography</u>
Information (32)	Direct lobbying (meetings and correspondence with legislators/policymakers)	6 Africa – 4 [372] [372] [372] [372] Asia – 1 [502] Europe – 1 [506]
	Indirect lobbying (using third parties, including front groups, to lobby on the industry's behalf)	4 Africa – 4 [372] [372] [372] [372]
	Establishing industry/government collaboration (e.g. via working group, technical group, advisory group) / work alongside policymakers providing technical	4 Africa – 4

	support/advice / policy development or implementation			[372] [372] [372] [372]
	Evidence (18)	Adding to the evidence base or shaping its understanding	Commissioning, writing (or ghost writing), or disseminating research/publications ¹	3 Asia – 1 [502] Europe – 1 [57] Transnational – 1 [96]
			Preparing position papers, technical reports or data on impacts (including economic impact studies)	3 Asia – 1 [502] Europe – 1 [506] Transnational – 1 [96]
			Selective citation of industry-favourable evidence	3 Europe – 2 [57] [57] Transnational – 1 [96]
			Omission of evidence	4 Africa – 4 [372] [372] [372] [372]
			Removing troubling phrases	1 Transnational – 1 [96]
		Contesting nature of the evidence		4 Europe – 3 [57] [57] [57] Transnational – 1 [96]
Constituency building (16)	External constituency building	Forming alliances with and mobilising other industry sectors/business/trade organisations	4 Asia – 1 [502] N.America – 1 [138] Transnational – 2 [382] [501]	
		Media advocacy (press releases, publicity campaigns, public hearings, interviews)	2 Asia – 1 [502] Europe – 1 [506]	
		Forming alliances with or mobilising unions/civil society organizations/consumers/employees/the public	2 Asia – 1 [502] N.America – 1 [138]	
		Creation of front	3	

		groups/astroturf/social aspect organisations	Asia – 2 [502] [502] N.America – 1 [138]
	Internal constituency building	Collaboration between companies / development of pan-industry group or industry trade association ²	5 Asia – 1 [502] Europe – 2 [57] [236] Transnational – 2 [382] [96]
Policy substitution, development and implementation ³ (28)		Developing/promoting non-regulatory initiative (generally seen to be ineffective/less effective, e.g. education programmes)	10 Africa – 4 [372] [372] [372] [372] Europe – 3 [57] [57] [57] N.America – 2 [508] [138] Transnational – 1 [96]
		Developing/promoting (new or existing) voluntary code / self-regulation	14 Africa – 4 [372] [372] [372] [372] Asia – 1 [502] Australasia – 1 [505] Europe – 6 [506] [57] [57] [57] [236] [243] N.America – 1 [138] Transnational – 1 [338]
		Developing regulation from scratch and planning implementation	4 Africa – 4 [372] [372] [372] [372]
Legal (3)		Using litigation / threatening legal action	2 Asia – 1 [502] Europe – 1 [338]
		Shaping international law	1 Transnational – 1 [338]
Financial incentive or threat (1)		Threatening financial withdrawal	1 Asia – 1 [502]

¹Including research/publications intended to undermine or misrepresent existing evidence

²Routine use of a trade association was not counted, industry collaboration must have been more 'active'

³Includes efforts to prevent the implementation of anticipated policies

A variety of Information strategies were used across multiple jurisdictions. These include direct[372, 502, 506] and indirect[372] lobbying of policymakers and establishing collaborative working arrangements with policymakers[372], and a variety of efforts aimed at shaping and manipulating the evidence base. The latter included commissioning, writing or disseminating research/publications[57, 96, 502] or more technical reports[96, 502, 506], the selective citation[57, 96] and omission of evidence[372], contesting the evidence used to support policy[57, 96], and the efforts to remove “troubling” phrases such as “alcohol and other drugs” from the official lexicon[96]. The AI-funded ICAP has played a key part in such efforts by commissioning and publishing a large number of books, monographs, briefing papers, in-depth reviews of alcohol policy issues, journal articles, and policy guides on all manner of alcohol-related issues[96] thereby populating the evidence base with non-peer reviewed information which, amongst other things, tends to highlight the health *benefits* of alcohol[57, 96] and omit evidence of its negative health and social effects[372].

External Constituency Building was often linked to indirect lobbying. The AI creates front groups, astroturf organisations, or SAOs (such as ICAP[96], the Portman Group[236], The DrinkAware Trust[57], and the Federation on Alcohol Concern of Thailand (FACT) established during the formation of an advertising ban in 2006[502]) to lobby on its behalf[138, 502]. It also forms alliances with other industry sectors or trade organisations[138, 382, 502], and civil society organisations, consumers, or employees[138, 502] in order to oppose public health measures[382]. In Thailand the AI worked with groups such as the Thai Retail Association, the Hotel Association, the Restaurant Association, the Tourism Association, and the Marketing Association of Thailand[502], and in the USA it reached out to the Federal Trade Commission[138] and built partnerships with government departments, NGOs, universities, researchers, and physicians[138]. The AI also uses media advocacy, such as press launches[506] and seminars[502], to shape the news and public agenda.

Policy substitution, used to prevent the discussion or implementation of formal marketing regulations, appears to be a key strategy and has been documented globally[57, 96, 138, 236, 243, 338, 372, 502, 505, 506, 508]. This strategy involves filling regulatory gaps with weak alternatives to evidence-based public health measures. In some lower income countries, a lack of government capacity to develop policy can offer industries the opportunity to become involved in developing policies. For example, in Lesotho, Malawi, Uganda and Botswana SABMiller Africa was given responsibility for drafting national alcohol policy documents[372]. These policy documents focussed on self-regulatory measures, education campaigns, and gave responsibility for its implementation to a National Alcohol Council on which AI representatives served[372]. The promotion of self-regulatory measures is designed to reduce political pressure for and to pre-empt formal regulation and was identified in numerous jurisdictions. For example, evidence was found of voluntary codes being developed and promoted by individual companies[57, 138] and by industry groups in the UK[57, 236], Ireland[506], the Netherlands[243], and globally[338]. Similarly, another technique involves the promotion of non-regulatory initiatives such as education programmes[57, 96, 138, 372, 508] sometimes delivered through stand-alone websites (for example, SABMiller's www.TalkingAlcohol.com[57]) or through more developed CSR initiatives (for example, Diageo's Responsible Drinking Fund, which claims to have led or supported over 130 prevention programs, focusing on "education, public awareness, and responsible retail practices" in over 40 countries in 2009, including development of the DrinkIQ website[138]).

Using or threatening legal action against a proposed regulation was only documented in Thailand[502] and France[338] but there is also evidence of the AI attempting to shape international law (specifically the General Agreement on Trade in Services with a view to reducing restrictions on alcohol distribution and advertising[338]). One example of the AI threatening financial withdrawal was also documented; in Thailand the AI threatened to withdraw their sponsorship of sporting events in retaliation for an advertising ban[502].

6.3.2.2 AI arguments used to influence marketing regulation

This review identified 20 separate arguments grouped into five main frames (Table 11): 'Regulatory Redundancy' (asserting that proposed policies are unnecessary), 'Legal' (questioning the legality of policies (the implicit cost for government)), 'Negative Unintended Consequences' (direct and indirect compliance costs

associated with proposed policies), 'Complex Policy Area' (policies, and the issues surrounding them, are presented as highly complicated), and 'Insufficient Evidence' (questioning the strength of evidence supporting policies).

Of all the arguments that were used more than once (16 out of the 20 arguments), all but one (complicated/beyond Industry's control) were used in multiple geographical locations therefore again highlighting the cross-national nature of AI political activity.

Table 11: Arguments used by the alcohol industry when attempting to influence marketing regulation

<u>Frame</u> <u>(number of times identified)</u>	<u>Argument</u>	<u>Number of times</u> <u>identified, by</u> <u>geography</u>
Regulatory Redundancy (40)	Industry adheres to own self-regulation codes / self-regulation is working well or is better than formal regulation	11 Africa – 1 [501] Asia – 1 [502] Australasia – 3 [503] [504] [505] Europe – 5 [57] [57] [57] [57] [57] Transnational – 1 [509]
	Industry only markets to those of legal age / is actively opposed to minors using product	4 Australasia – 1 [504] Europe – 1 [57] N.America – 2 [382] [138]
	Existing regulation is satisfactory/Existing regulation is satisfactory, but requires better enforcement	5 Asia – 1 [502] Australasia – 1 [503] Europe – 3 [506] [57] [57]
	Industry is responsible	6 Australasia – 3 [503] [503] [504] Europe – 2 [57] [57] N.America – 1 [382]

			Individuals should consume product responsibly / individual-level approach needed	7 Africa – 1 [372] Australasia – 1 [504] Europe – 2 [57] [57] N.America – 1 [382] Transnational – 2 [96] [96]
			Industry has positive impact	7 Africa – 2 [372] [372] Australasia – 2 [503] [504] Europe – 1 [57] N.America – 2 [382] [507]
Legal (8)			Infringes legal rights of company (trademarks, intellectual property, constitutionally protected free speech (e.g. US First Amendment), international trade agreements)	3 Asia – 1 [502] Europe – 1 [57] N.America – 1 [382]
			Regulation is more extensive than necessary / regulation is disproportionate	4 Europe – 3 [57] [57] [57] Transnational – 1 [96]
			Interferes with a free market economy	1 Europe – 1 [57]
Negative Unintended Consequences (16)	Economic (9)	Manufacturers	The cost of compliance for manufacturers will be high / the time required for implementation has been underestimated	1 N.America – 1 [508]
			Regulation will result in financial or job losses (among manufacturers)	1 Asia – 1 [502]
			The regulation is discriminatory / regulation will not affect all producers/customers equally	4 Australasia – 1 [504] Europe – 3 [57] [57] [57]
		Public Revenue	Regulation will cause economic/financial problems (for city, state, country or economic area (e.g. European Union))	1 Australasia – 1 [504]

	Associated industries	Regulation will result in financial or job losses (among retailers and other associated industries, e.g. printing, advertising, leisure)	2 Asia – 1 [502] Australasia – 1 [504]
	Public Health (4)	Regulation will have negative public health consequences	4 Australasia – 1 [503] Europe – 2 [57] [57] N.America – 1 [382]
	Other (3)	Regulation could have other negative unintended consequences	3 Europe – 2 [57] [57] Transnational – 1 [96]
Complex Policy Area (13)		Complicated/beyond Industry's control	2 Europe – 2 [57] [57]
		Collaboration with Industry would be beneficial	7 Africa – 4 [372] [372] [372] Australasia – 1 [503] Europe – 2 [506] [57]
		Characterising policymakers and public health actors as authoritarian/denigrating policymakers and public health actors	4 Asia – 2 [502] [502] Australasia – 2 [503] [504]
Insufficient Evidence (8)		There's insufficient evidence that the proposed policy will work / marketing doesn't cause or change behaviour (it's only used for brand selection and capturing market share), so regulation will have no effect	8 Asia – 1 [502] Australasia – 1 [504] Europe – 3 [506] [57] [57] N.America – 1 [508] Transnational – 2 [382] [509]

The argument that population-level health measures are unnecessary (regulatory redundancy frame) is made through a wide range of mutually reinforcing arguments which rest on industry claims of its own responsibility, its ability to market alcohol

responsibly, and its distinction between responsible and irresponsible consumption. This frame included arguments that the AI is responsible[57, 382, 503, 504] (for example that industry always encourages “responsible consumption”[503] and it recognises “that responsible drinking is important both to our business interests and to society’s interests”[57]), that self-regulatory codes are “sufficient”[501], “robust”[503], “effective”[502, 503], “extraordinarily successful”[505], “faster”[57], and “better”[502] allowing the AI to deal quickly with, and rectify, any complaints or regulatory breeches[57, 504] and close regulatory “gaps”[57], and that, in any case, the industry only markets to those of legal drinking age[57, 138, 382, 504]. Further, the AI appears to overstate the parallels between voluntary and statutory regulation for example by emphasising the independence of their (industry-funded) monitoring and adjudication groups[57].

This is similar to arguments surrounding personal responsibility and responsible drinking. The AI frequently attempts to shift the blame for alcohol misuse to the consumer and away from their products and marketing[96], arguing that there should be an individual-level focus on education and the promotion of responsible consumption[57, 96, 372] (and even that AI marketing itself has this aim[382]) and that their SAOs such as the DrinkAware Trust and the Portman Group provide information and education so that consumers can make “informed judgements” about how they use alcohol[57], thereby framing the problem of alcohol misuse as an issue of self control and unlawful behaviour; “misuse is caused by certain drinkers who clearly misuse alcohol and by some under 18s who are clearly breaking the law. This therefore is not a problem about problem drinks but about problem drinkers”[57]. This focus on a small number of alcohol misusers provides the AI with a frame that has the potential to invalidate the current focus of health policy; the AI argues that population-level approaches, such as taxation or restrictions on advertising, penalises moderate drinkers because of a “few people” who consume alcohol in an irresponsible way and that these approaches do not tackle alcohol misuse effectively[57, 96, 504]. This supports AI claims that “existing regulation is satisfactory”[57, 503] or that it simply “requires better enforcement”[57, 502, 506], framing the issue as one that can be dealt with through ‘law and order’ solutions; “the panoply of powers available to the police and local authorities should be used much more effectively both against individuals who misuse alcohol and those who wilfully seek to break the law in obtaining alcohol underage, as well as against those retailers who sell alcohol irresponsibly”[57].

Additionally the AI argues that the industry, its marketing, and alcohol itself, has a positive impact and should therefore not be regulated further. In Lesotho the AI argued that when alcohol is used in moderation it has a “positive role to play in socialisation” and that the industry is a “major contributor to the economy”[372], in Milwaukee, USA, MBC argued that a product (beer) that forms a significant part of the local history should not be ‘demonised’[507], in Australia the AI argued that “responsible advertising can have a positive cultural impact”[503] and highlighted the importance of the AI to communities as “funders of events”[504], and in the UK the wine company Constellation argued that marketing could be used “to promote a more responsible approach to alcohol consumption”[57] (a very similar statement was also made in the USA by PM when they owned MBC[382]).

Whilst actual legal threats are rarely reported in the literature (see above), arguments questioning the legality of policies to curb AI marketing are more common. These arguments aim to shift the focus of the debate away from public health and consumer protection, with the AI contesting advertising regulations and minimum pricing proposals under international trade agreements (UK[57] and Thailand[502]), national constitutions (USA[382]), and international law (UK[57]). The argument that regulations are disproportionate and more extensive than necessary also aims to highlight the responsible nature of the AI. In relation to health warnings in the UK it was stated that it is not “necessarily appropriate to have a health warning on a drink of alcohol. Alcohol is not like cigarettes; it is capable of being misused but when drunk in moderation it is perfectly compatible with a healthy lifestyle”[57]. This argument has also been used regarding minimum pricing[57], dealing with alcohol misuse[57], and raising the legal drinking age[96].

The AI often argues that regulation would have negative unintended consequences for manufacturers[57, 502, 504, 508], associated industries[502, 504], the public revenue[504], and public health[57, 382, 503]. For example, in both Australia[503] and the UK[57], it was argued that advertising restrictions would make it impossible to introduce new, lower-strength products to the marketplace thereby stopping industry developing and selling healthier products, and in the USA, the Beer Institute argued that mandated health warnings on alcohol products could “undermine the credibility of other government campaigns to provide information about serious risks which are not commonly known”[382]. The AI commonly avoids citing evidence to support such claims, therefore suggesting that the aim may simply be to exaggerate the risks associated with public health measures.

The AI also emphasises the complications involved in addressing problems associated with alcohol consumption with a view to highlighting the value of industry-government co-operation[57, 372, 503, 506]; it has “a unique capacity to access those responsible for promoting and selling alcohol as well as to those who consume their products”[372] and “partnership working can deliver a more responsible drinking culture”[57]. Although the AI argue to be involved in policymaking, they also argue that some issues relevant to alcohol-related harms are beyond the AI's control (for example individual retailers' price promotions[57] that may be deemed irresponsible). Similarly the AI regularly characterises policymakers and public health actors as authoritarian (“the health lobby's approach is to ban everything, and if it cannot be banned, regulate it severely”[503]) with the Thai government being labelled a ‘dictatorship’ because of an advertising ban[502], and the Australian government being described as a “‘nanny state’ needlessly interfering with people’s choices”[504].

Questioning the strength of evidence favourable to public health policies is another common technique that has been used to oppose advertising bans transnationally[382], in Thailand[502], Australia[504], Ireland[506] and in the UK[57], minimum pricing in the UK[57], and health warning labels in the USA[508]. Amongst other things, the AI makes broad claims for which there is no peer-reviewed evidence (“The effect of pricing, advertising and availability are insignificant next to the effect of cultural stereotyping, peer influence and role modelling”[57]) or claims which are almost impossible to test (“In much of continental Europe, the price of alcohol is far cheaper than in the UK but there are not the same problems; societal tolerance (or intolerance) of those who drink irresponsibly or illegally appears to be a greater determinant of the extent to which a country will experience alcohol harm than the price of alcohol”[57]). These arguments are used to reinforce the other arguments made by the AI.

6.4 Discussion

This systematic review illustrates the varied nature of AI political activity used in attempts to influence marketing regulation or marketing-related policy debates. The review also highlights similarities to TI political activity, and these are discussed in the following chapter (Chapter 7).

Like the first review (Chapter 5) it was found that Hillman and Hitt's[357] taxonomy of corporate tactics, which is the most widely cited attempt to analytically categorise

the tactics used by corporations and on which the categorisation of tactics in this review was initially based, considerably under-represents the range of tactics used by corporations when attempting to influence policy or policy debates. Again tactics/strategies were identified, such as the promotion of self-regulatory codes and the threat of litigation, that challenge Hillman and Hitt's[357] assumption that corporate political activity represents one side of an exchange relationship in which corporations offer policymakers support and information in return for influencing policy and is, therefore, designed to produce outcomes that are mutually beneficial to corporations and policymakers.

The existing literature challenges the accuracy of almost all AI arguments identified in this review. For example, despite the AI's argument that self-regulatory codes negate the need for formal regulation and that industry collaboration would be beneficial for policymakers, self-regulation and partnership working have been shown to be ineffective[14, 221, 333]. Arguing that there is insufficient evidence supporting the need to curb AI marketing and that marketing does not change behaviour is also false as much research has found a significant link between AI marketing and drinking initiation and drinking prevalence[21-23]. Similarly, arguing that the AI does not market to children is misleading as research shows that AI marketing often targets and appeals to youth and those below legal drinking age[14, 140, 236, 283].

Consistent with the TI review findings (Chapter 5), many of the individual arguments fall within a larger 'cost-benefit' meta-frame which promotes the economic and social costs of proposed public health policies and underplays their benefits. Arguments claiming that regulation is more extensive than necessary and likely to produce negative unintended consequences are used to increase uncertainty about the likely benefits of regulation, and highlight the potential future costs for the industry, retailers, and the public revenue. This is also observed through the omission of a 'health' frame[485]; this review found little evidence of the AI making reference to the dangers of drinking alcohol (only in terms of references to 'problem drinkers'), although multiple examples of the AI highlighting the potential health *benefits* of alcohol consumption were identified[57, 96]. This review also found that many of the arguments were supported by CSR activities. CSR tends to be used strategically and preventatively by an industry, or individual company, and therefore usually precedes formal regulation; many CSR activities are built into self-regulatory codes which enable the promotion of corporate arguments. This focus on CSR is perhaps due to the fact that, although the TI and AI face similar regulatory threats,

the AI is at a much earlier policy stage and still able to use CSR activities globally to boost their credibility and form relationships (CSR partnerships are likely to create further opportunities for co-operation[510]) ahead of regulation.

Strengths and limitations

This review has a number of limitations. First, although a broad search strategy and search string was used when initially identifying articles it is still possible that some relevant articles may have been missed. To minimise this, a librarian was consulted, online research repositories were searched, and experts in the field were contacted to identify additional articles. Second, interpretive coding of arguments and tactics is ultimately subjective. To mitigate this, I along with two of my PhD supervisors (Professor Anna Gilmore and Dr Gary Fooks) reviewed and re-reviewed the coding at various points during the systematic review process and all of the included articles were second-reviewed to ensure consistency. Third, the identification of tactics and arguments, and the jurisdictions in which they are used, is dependent on the available literature, its quality, and any publication bias. As such, it is possible that some tactics and arguments are used more frequently than the literature identified would suggest (especially lower visibility tactics such as threatening financial withdrawal or threatening legal action which generally take place in private). Closely related to this is the fact that the review focuses only on marketing policy and the AI may use a more diverse set of tactics and arguments in its political activity in other areas. For these reasons the number of articles listed next to each tactic and argument (the 'count') should be used only as a guideline to provide some insight into the tactics and arguments used by the AI. Finally, due to the often sparse information in the papers identified, it was impossible to reliably determine which tactics or arguments were most persuasive or successful in defeating marketing-related regulations.

The main strength of this review is its systematic approach, which provides a comprehensive and geographically diverse overview of AI tactics and arguments. Its attempt to rigorously categorise industry strategies/tactics and frames/arguments is, along with the review presented in Chapter 5, the first attempt to do so. Whilst care needs to be taken in assuming that tactics and arguments used in one jurisdiction will be used elsewhere, this review suggest that the findings will be broadly applicable across different jurisdictions.

Implications for policy, practice, and research

This systematic review has identified strategies/tactics and frames/arguments used by the AI to shape policy debates and prevent the implementation of restrictions on alcohol marketing. Policymakers need to be aware of these in order to understand how the AI may try to influence the policy-making process, and public health actors can use this information to prepare effective counter strategies. By demonstrating some of the conflicts between AI political activity and public health, this review raises important concerns about the value of AI-government co-operation to public health.

This review has further developed the taxonomies for classifying corporate political activity outlined in the first review (Chapter 5), and has shown the political and scholarly value of applying them to other industries. Future work could now apply the taxonomies to additional policy areas or industries. Again it is recommended that future research on corporate influence should, where at all possible, include contextual information, ensure all claims are supported within the paper by empirical evidence, and that the success or failure of individual tactics and arguments are recorded.

Chapter 7: Taxonomies and Industry Parallels

7.1 Taxonomies of Political Activity

As Chapter 4 outlined there have been multiple attempts to list and categorise corporate tactics, and limited work has also attempted to explore corporate arguments. Until now, systematic reviews of the arguments and tactics used by the TI and AI when attempting to influence marketing regulations had not been completed, nor had taxonomies of corporate tactics and arguments been developed. The taxonomies developed are also ready to be applied to other policy areas or industries.

Systematic reviews are important in providing up-to-date summaries of current findings in a particular field[511]. They allow interested parties to quickly gain an objective overview of the evidence available for a given topic and highlight areas where further research is needed[512]; systematic reviews are “generally considered higher-caliber evidence” than individual studies in decision making for health policy[513]. Simply listing tactics or arguments makes it difficult to understand patterns in industry activity. Systematic reviews of the literature are able to bring activity together into conceptually coherent categories, therefore providing public health advocates and policymakers with a better understanding of the range of tactics and arguments used by industry to influence policy.

The two systematic reviews presented in Chapters 5 and 6 split TI and AI political activity into ‘strategies’ which include individual ‘tactics’ (the methods by which a corporation attempts to exert influence), and ‘frames’ which include individual ‘arguments’ (the reasons given by a corporation as to why they oppose one idea or support another). A separate taxonomy was developed for strategies/tactics and frames/arguments.

The final taxonomies can be seen below; the taxonomy of strategies/tactics in Table 12 followed by an explanation of the strategies, and the taxonomy of frames/arguments in Table 13 followed by an explanation of the frames. The TI review was completed first, meaning that the taxonomies were initially based on the papers included in this review. The coding categories were further amended and developed via ‘emergent coding’[434] during review of the papers included in the

second (AI) review. The taxonomies below list all of the categories identified in both the TI and AI reviews. Not all of the tactics and arguments were used by the TI or AI, so some of the categories seen below were missing from the tables included within the reviews themselves. The categories in the TI review may also have been worded slightly differently than will be seen below, as categories were further developed and adapted in the AI review and it is this final wording that is used in Table 12 and Table 13.

Table 12: Taxonomy of industry strategies/tactics

<u>Strategy</u>	<u>Tactic</u>		
Information	Direct lobbying (meetings and correspondence with legislators/policymakers)		
	Indirect lobbying (using third parties, including front groups, to lobby on the industry's behalf)		
	Establishing industry/government collaboration (e.g. via working group, technical group, advisory group) / work alongside policymakers providing technical support/advice / policy development or implementation		
	Evidence	Adding to the evidence base or shaping its understanding	Commissioning, writing (or ghost writing), or disseminating research/publications ¹
			Preparing position papers, technical reports or data on impacts (including economic impact studies)
			Selective citation of industry-favourable evidence
			Omission of evidence
			Removing troubling phrases
Contesting nature of the evidence			
Constituency building	External constituency building	Forming alliances with and mobilising other industry sectors/business/trade organisations	
		Media advocacy (press releases, publicity campaigns, public hearings, interviews)	
		Forming alliances with or mobilising unions/civil society organizations/consumers/employees/the public	
		Creation of front groups/astroturf/social aspect organisations ²	

	Internal constituency building	Collaboration between companies / development of pan-industry group or industry trade association ³
Policy substitution, development and implementation⁴		Developing/promoting (new or existing) voluntary code / self-regulation
		Developing/promoting non-regulatory initiative (generally seen to be ineffective/less effective, e.g. education programmes)
		Developing/promoting alternative regulatory policy ⁵
		Developing regulation from scratch and planning implementation
Legal		Using litigation / threatening legal action
		Pre-emption
		Shaping international law
Constituency fragmentation and destabilization		Preventing the emergence of, neutralising and/or discrediting potential opponents (individuals, organisations or coalitions)
Financial incentive or threat		Providing current or offering future employment to those in influential role
		Gifts, entertainment or other direct financial inducement
		Threatening financial withdrawal

¹Including research/publications intended to undermine or misrepresent existing evidence

²Creation of group for specific purpose of working against proposed policy

³Routine use of a trade association was not counted, industry collaboration must have been more 'active'

⁴Includes efforts to prevent the implementation of anticipated policies

⁵In some cases, industry uses legislators to promote alternative policies on their behalf

Information strategy: Policymakers face considerable problems in producing information which is relevant to the economic and health consequences of policies. Industry tends to have information advantages relative to policymakers partly because they have access to internal, policy-relevant information relating, for example, to employment figures or to the nature of product ingredients and their health impacts. Industry takes advantage of these differences by supplying policymakers with information about the likelihood of a proposed policy having negative impacts. Exchange theory assumes that corporations offer policymakers support and information in return for influencing policy[357]. In practice, however,

policymakers often lack the information necessary to assess the accuracy of industry supplied data and their inferences. This, and their legal duty to maximise profits for their shareholders and therefore shape policy to their advantage, gives companies incentives to misrepresent policy-relevant information.

Constituency Building strategy: Constituency Building involves gaining the support of other sectors, organisations, or individuals in order to give the impression of a larger support-base for the industry's position and policy preferences[514], and often involves financial or other incentives. Constituency building is a key political strategy of both public health and corporate actors, and can also reinforce other political practices such as lobbying as officials seek to gain and maintain constituent support[357]. Industry uses constituency building in three key ways: forming alliances with other organisations (such as trade associations, unions, or organisations representing other industry sectors), mobilising the public (through publicity campaigns, increasingly through digital media, and press releases), and via false alliances built through industry-created front groups and astroturf organisations.

Policy Substitution, Development and Implementation strategy: Policy substitutions are commonly offered by industries, where alternative policies are developed as a substitute for proposed policies. Policy substitution is attractive to policymakers as it reduces the costs associated with developing and implementing policies, whilst still appearing to meet (often publicised) objectives, but unattractive due to industry alternatives usually being less effective at, in the case of the TI and AI, promoting public health. Voluntary codes represent the most common policy substitute, but industries also offer to develop alternative statutory (or other more formal) policies, particularly where policymaking capacity is weak (for example, in lower income countries). Policy substitution is sometimes used by industry as policy *prevention* when a non-favourable policy is anticipated.

Legal strategy: Industry is likely to use or threaten legal action when proposed policies are imminent and other, less confrontational approaches have failed. Litigation (and threats of litigation) works by highlighting and reinforcing industry arguments relating to the perceived and actual costs (financial and time) associated with implementing regulation, and highlighting the immediate advantages of voluntary codes and self-regulation. International trade and investment agreements[492] also represent an important way of challenging public health

measures. Shaping such agreements represent an important and strategic way of remotely shaping health policy[492].

Constituency Fragmentation and Destabilization strategy: As well as building supportive constituencies (Constituency Building), industries also work to weaken and discredit opposing constituencies or prevent them from emerging in the first place. The aim is to intimidate opponents, hoping to stop or reduce opposition to industry actions, or make opponents appear extreme or disreputable.

Financial Incentive or Threat strategy: Industry seeks to influence policymaking through a range of financial incentives and threats. Incentives range from campaign finance and other political donations, to more 'hidden' practices such as offers of employment to policymakers, gifts, and the provision of entertainment. Financial threats recognise the dependence of governments on business. Such threats can involve capital flight (companies moving business overseas or withdrawing from, for example, sponsorship deals) and capital strike (where companies withhold investment).

Table 13: Taxonomy of industry frames/arguments

<u>Frame</u>	<u>Argument</u>
Regulatory Redundancy	Industry adheres to own self-regulation codes / self-regulation is working well or is better than formal regulation
	Industry only markets to those of legal age / is actively opposed to minors using product
	Existing regulation is satisfactory/Existing regulation is satisfactory, but requires better enforcement
	Industry is responsible
	Individuals should consume product responsibly / individual-level approach needed
	Industry has positive impact
Legal	Infringes legal rights of company (trademarks, intellectual property, constitutionally protected free speech (e.g. US First Amendment), international trade agreements)
	Regulation is more extensive than necessary / regulation is disproportionate

			Body doesn't have the power to regulate / it's beyond their jurisdiction
			Regulation will cause an increase in compensation claims
			Interferes with a free market economy
Negative Unintended Consequences	Economic	Manufacturers	The cost of compliance for manufacturers will be high / the time required for implementation has been underestimated
			Regulation will result in financial or job losses (among manufacturers)
			The regulation is discriminatory / regulation will not affect all producers/customers equally
		Public Revenue	Regulation will cause economic/financial problems (for city, state, country or economic area (e.g. European Union))
		Associated industries	Regulation will result in financial or job losses (among retailers and other associated industries, e.g. printing, advertising, leisure)
	Public Health		Regulation will have negative public health consequences
	Illicit Trade ¹		Regulation will cause an increase in illicit trade
	Other		Regulation could have other negative unintended consequences
Complex Policy Area			Complicated/beyond Industry's control
			Collaboration with Industry would be beneficial
			Characterising policymakers and public health actors as authoritarian/denigrating policymakers and public health actors
Insufficient Evidence			There's insufficient evidence that the proposed policy will work / marketing doesn't cause or change behaviour (it's only used for brand selection and capturing market share), so regulation will have no effect
			The health impacts of consumption remain unproven

¹'Illicit Trade' is separate as it both undermines public health policy and has economic consequences

Regulatory Redundancy frame: Industry uses a number of arguments which seek to emphasise that proposed policies are unnecessary, and likely to waste public funds. These points are made through, for example, industry claims that it is capable of self-regulation, that existing regulation is satisfactory (and simply in need of better enforcement), and that industry is responsible and doesn't need to be formally regulated.

Legal frame: Legal arguments highlight the illegality of proposed policies. They generally aim to shift the focus of the debate away from public health and consumer protection, and instead highlight the potential administrative costs of developing and introducing new policies.

Negative Unintended Consequences frame: Industry uses a wide range of arguments to highlight the potential negative effects of regulation. These ‘negative unintended consequences’ include economic impacts (such as financial or job losses for manufacturers, losses to the public revenue, and losses to associated industries such as the hospitality and advertising industries), public health impacts (where the risk of regulation causing harm to health through, for example, increased consumption, is highlighted), and a wide range of other impacts (including setting a precedent for other types of products and causing confusion amongst customers). The argument that proposed regulations will increase illicit trade feeds into many of the ‘negative consequences’ arguments, as increases in illicit trade can have both economic and public health impacts (by making the product cheaper and more available).

Complex Policy Area frame: The argument of complexity is primarily used to cast doubt on academic research and highlight the difficulties involved in addressing multi-faceted public health problems with relatively focused policies. These claims are designed to support alternative policies such as voluntary codes which are usually much more flexible than statutory regulation and therefore able to reflect and react to the complexity of public health issues.

Insufficient Evidence frame: Industry uses a number of arguments aimed at questioning the strength of the evidence base behind proposed health policies. Such arguments aim to increase scepticism of the likely benefits of proposed policies and support arguments from other frames, which emphasise the costs and underplay the benefits of public health policies.

7.2 Parallels in Tobacco and Alcohol Industry Political Activity

In line with recent recommendations that “investigations of the strategies of alcohol industry actors may benefit from comparisons with other industries, and particularly

with the tobacco industry"[515], this sub-chapter compares AI and TI political activity.

The two systematic reviews presented in Chapters 5 and 6 mark the first attempts to systematically review the tactics and arguments used by the TI and AI when attempting to influence marketing regulations, and the first attempts to develop taxonomies of TI and AI corporate political activity. They show that the TI and AI use a similar narrow range of consistent, and non-geographically specific, tactics and arguments. 13 common tactics used by both the AI and TI when attempting to influence marketing regulation were identified, in addition to five tactics used only by the TI and seven unique to the AI. Similarly, 13 common arguments used by both industries were also identified, along with four arguments unique to the TI, and seven (three of which formed the new frame 'complex policy area') which had only been used by the AI. These are outlined below.

7.2.1 Tactics

The TI review identified 18 separate tactics falling under six main strategies ('Information', 'Constituency building', 'Policy substitution', 'Legal', 'Constituency fragmentation, and destabilization', and 'Financial incentive') and the AI review identified 20 separate tactics falling under five main strategies ('Information', 'Constituency building', 'Policy substitution', 'Legal', and 'Financial incentive'); there was no evidence of the AI using the 'Constituency fragmentation, and destabilization' strategy. Although there were 13 common tactics, there was no evidence of the AI developing alternative regulatory policies, using legal pre-emption, preventing the emergence of or discrediting potential opponents, offering employment, or offering gifts or other direct financial inducement (Table 14). However, a number of new tactics were identified by the AI review that had not been identified of having been used by the TI: 'Selective citation of industry-favourable evidence', 'Omission of evidence', 'Removing troubling phrases' and 'Contesting the evidence base' (Information), 'Threatening financial withdrawal' (Financial incentive or threat), 'Shaping international law' (Legal), and 'Developing regulation from scratch and planning implementation' (Policy substitution, development and implementation).

The four most frequently used tactics by the TI were direct lobbying, developing/promoting voluntary codes, internal constituency building (collaboration between companies), and forming alliances with other industry sectors, and three of

these (the former three) were also in the top four most commonly used AI tactics (in addition to developing/promoting non-regulatory initiatives).

Table 14: Use of tactics by the tobacco and alcohol industries

Strategy	Tactic			Evidence of use	
				TI	AI
Information	Direct lobbying (meetings and correspondence with legislators/policymakers)			√	√
	Indirect lobbying (using third parties, including front groups, to lobby on the industry's behalf)			√	√
	Establishing industry/government collaboration (e.g. via working group, technical group, advisory group) / work alongside policymakers providing technical support/advice / policy development or implementation			√	√
	Evidence	Adding to the evidence base or shaping its understanding	Commissioning, writing (or ghost writing), or disseminating research/publications	√	√
			Preparing position papers, technical reports or data on impacts (including economic impact studies)	√	√
			Selective citation of industry-favourable evidence		√
			Omission of evidence		√
			Removing troubling phrases		√
			Contesting nature of the evidence		√
Constituency building	External constituency building	Forming alliances with and mobilising other industry sectors/business/trade organisations		√	√
		Media advocacy (press releases, publicity campaigns, public hearings, interviews)		√	√
		Forming alliances with or mobilising unions/civil society organizations/consumers/employees/the		√	√

		public		
		Creation of front groups/astroturf/social aspect organisations	√	√
	Internal constituency building	Collaboration between companies / development of pan-industry group or industry trade association	√	√
Policy substitution, development and implementation		Developing/promoting (new or existing) voluntary code / self-regulation	√	√
		Developing/promoting non-regulatory initiative (generally seen to be ineffective/less effective, e.g. education programmes)	√	√
		Developing/promoting alternative regulatory policy	√	
		Developing regulation from scratch and planning implementation		√
Legal		Using litigation / threatening legal action	√	√
		Pre-emption	√	
		Shaping international law		√
Constituency fragmentation and destabilization		Preventing the emergence of, neutralising and/or discrediting potential opponents (individuals, organisations or coalitions)	√	
Financial incentive or threat		Providing current or offering future employment to those in influential role	√	
		Gifts, entertainment or other direct financial inducement	√	
		Threatening financial withdrawal		√

One key difference between the industries was the AI's greater use of CSR activities. CSR is used strategically as part of efforts to prevent or delay formal regulation, and the greater use of CSR by the AI is therefore likely due to it being at

an earlier policy stage than the TI, allowing the AI to use CSR activities globally to boost their credibility and form relationships to prevent regulation. While the TI has used CSR heavily in the past[510, 516-518], more recently it has mostly been refrained from doing so by the FCTC. The WHO's Director-General referred to the TI's move away from CSR in a speech in 2012:

“we have an enemy, a ruthless and devious enemy... The enemy, the tobacco industry, has changed its face and its tactics. The wolf is no longer in sheep's clothing, and its teeth are bared. Tactics aimed at undermining anti-tobacco campaigns, and subverting the Framework Convention, are no longer covert or cloaked by an image of corporate social responsibility. They are out in the open and they are extremely aggressive”[375]

7.2.2 Arguments

The TI review identified 17 separate arguments grouped into four main frames ('Negative unintended consequences', 'Legal', 'Regulatory redundancy', and 'Insufficient evidence') and the AI review identified 20 separate arguments grouped into five main frames ('Negative unintended consequences', 'Legal', 'Regulatory redundancy', 'Insufficient evidence', and 'Complex policy area'); a new frame, 'Complex policy area', was identified in the AI review. Although there were 13 common arguments, there was no evidence of the AI using the arguments that regulation will cause an increase in illicit trade, cause an increase in compensation claims, that the body doesn't have the power to regulate, or that the health impacts of consumption remain unproven (Table 15). However, a number of new arguments were identified by the AI review that had not been used by the TI: 'Interferes with a free market economy' (Legal), 'Industry is responsible' (although the similar arguments such as adhering to self-regulation and not marketing to minors were identified in the TI review), 'Individuals should consume product responsibly/individual-level approach needed' and 'Industry has positive impact' (Regulatory redundancy), and all arguments under the new frame 'Complex Policy Area'.

The four most frequently used arguments by the TI were that the regulation infringers the legal rights of the company, there's insufficient evidence, it will cause economic/financial problems, and the cost of compliance will be high, but only one of these (insufficient evidence) featured in the top four most used arguments by the AI as there was greater use of arguments relating to responsibility.

Table 15: Use of arguments by the tobacco and alcohol industries

Frame			Evidence of use	
			TI	AI
Regulatory Redundancy			Industry adheres to own self-regulation codes / self-regulation is working well or is better than formal regulation	√
			Industry only markets to those of legal age / is actively opposed to minors using product	√
			Existing regulation is satisfactory/Existing regulation is satisfactory, but requires better enforcement	√
			Industry is responsible	√ [†]
			Individuals should consume product responsibly / individual-level approach needed	√
			Industry has positive impact	√
Legal			Infringes legal rights of company (trademarks, intellectual property, constitutionally protected free speech (e.g. US First Amendment), international trade agreements)	√
			Regulation is more extensive than necessary / regulation is disproportionate	√
			Body doesn't have the power to regulate / it's beyond their jurisdiction	√
			Regulation will cause an increase in compensation claims	√
			Interferes with a free market economy	√
Negative Unintended Consequences	Economic	Manufacturers	The cost of compliance for manufacturers will be high / the time required for implementation has been underestimated	√
			Regulation will result in financial or job losses (among manufacturers)	√
			The regulation is discriminatory / regulation will not affect all producers/customers equally	√

		Public Revenue	Regulation will cause economic/financial problems (for city, state, country or economic area (e.g. European Union))	√	√
		Associated industries	Regulation will result in financial or job losses (among retailers and other associated industries, e.g. printing, advertising, leisure)	√	√
	Public Health		Regulation will have negative public health consequences	√	√
	Illicit Trade		Regulation will cause an increase in illicit trade	√	
	Other		Regulation could have other negative unintended consequences	√	√
Complex Policy Area			Complicated/beyond Industry's control		√
			Collaboration with Industry would be beneficial		√
			Characterising policymakers and public health actors as authoritarian/denigrating policymakers and public health actors		√
Insufficient Evidence			There's insufficient evidence that the proposed policy will work / marketing doesn't cause or change behaviour (it's only used for brand selection and capturing market share), so regulation will have no effect	√	√
			The health impacts of consumption remain unproven	√	

[†] similar arguments such as adhering to self-regulation and not marketing to minors were identified in the TI review

It was also found that both the TI and AI use arguments that are inaccurate, false or misleading. For example, both industries make arguments that regulating marketing is unnecessary or 'won't work' despite there being substantial evidence that TI and AI marketing is significantly linked to smoking and drinking behaviour[17, 18, 21-23, 315, 519-523]. Both reviews also found that many of the individual arguments fell within a larger 'cost-benefit' meta-frame, promoting the economic and social costs of proposed public health policies and underplaying their benefits. Both industries used arguments claiming that regulation is more extensive than necessary and likely to produce negative unintended consequences, which are used to increase uncertainty

about the likely benefits of regulation and highlight the potential future costs for the industry, retailers, and the public revenue.

7.2.3 Discussion

By confirming substantial commonalities between AI and TI political activity, the systematic reviews support previous research suggesting that ‘Big Tobacco’ and ‘Big Booze’ may operate in similar ways[334]. While some differences were also observed, this may be due to a number of factors. First, raising concerns about compensation or debating which body has the power to regulate (as identified in the TI review), for example, are arguments likely to be made in the face of impending regulation by companies which no longer have inside influence over policy discussions. These differences in political activity reflect the existence of greater TI regulation and alcohol policy being comparatively less advanced. Second, differences in framing may reflect variations in how different industries make similar points. For example, while the AI may not directly contest the health impacts of alcohol consumption, questions about the degree of harm caused by alcohol consumption are implicit in arguments surrounding individual responsibility and the health *benefits* of alcohol consumption. Third, differences may reflect bias in the literature and disparities in data access; because of the availability of internal TI documents, information on lower visibility political activity, such as the threatening of legal action, is more available on the TI. Finally, differences may reflect the broader inclusion criteria used for the AI review (i.e. covering policy debates concerning marketing regulations generally rather than just new specific marketing policies) and the inclusion of both primary and secondary evidence in the AI review.

Limitations of the systematic reviews

Although systematic reviews are seen as forming some of the highest calibre evidence available to policymakers[5, 511, 513], publication bias and the literature available to include within reviews can potentially have a large effect on the findings. This was a problem for both of the reviews presented within this thesis. Many of the articles included that were based on secondary-data did not focus primarily on attempts to influence marketing regulations and only made brief references to industry tactics or arguments, with little context or background. This meant that the success or failure of individual tactics and arguments could not be assessed. Additionally, it is highly likely that some of the tactics and arguments were used more frequently than identified within the literature and that by just focusing on how the TI and AI attempt to influence *marketing* policy, political activity that may have

been used in relation to other policy areas may have also been missed. For example, with regards to the TI, it is known that the TI frequently attempts to discredit their opponents[486-489] however this tactic was only found to have been used twice within the TI review, arguments that marketing regulations will increase illicit tobacco[202, 490, 491] are more commonly used and in more jurisdictions than the TI review would suggest, and despite not being identified in the TI review at all there is evidence of the TI attempting to shape the evidence base[524-527], influence international regulations[492, 493], and focussing on individual responsibility[528]. With regards to the AI review, due to the relative lack of high quality documentary data, it is possible that some tactics and arguments were not counted at all or were used more frequently than the literature identified would suggest. This would particularly apply to lower visibility tactics such as threatening financial withdrawal or threatening legal action which generally take place in private. Although the findings from the systematic reviews provide policymakers with the first systematic and comprehensive list of tactics and arguments used by the TI and AI when they attempt to influence marketing regulations, the counting element within the reviews should be used with caution; due to concerns regarding bias in the literature the 'counts' can only be used to provide limited insight into the most frequently used tactics and arguments.

Systematic reviews must also have boundaries, i.e. they cannot possibly include all literature and relate to findings that cover all of time. It was decided that only tactics and arguments used by the TI and AI since 1990 would be included within the two systematic reviews, thereby allowing over two decades (1990-2013) of political activity to be included and assessed. However, using this cut-off point inevitably means that some tactics and arguments were likely to have been missed and either not included within the taxonomies at all, or fewer examples counted. This is potentially a greater problem for the TI review as much of the information regarding TI political activity has been gained from the release of internal TI documents as part of the MSA in 1998, and much information therefore relates to prior 1990. Additionally, the systematic reviews only focussed on TI and AI political activity in relation to marketing policy. It is likely that reviews of other policy areas would have produced different results, and may have found that the TI and AI use a more diverse set of tactics and arguments in its political activity in other policy areas. This is, as discussed in Part 4, a potential area for further research.

In relation to the taxonomies, deciding on strategies and frames and individual tactic and argument categories was difficult and resulted in many detailed discussions

between myself and two of my PhD supervisors. Although this process took time, categories were only finalised once all of the related evidence had been re-reviewed and agreement had been reached. However, despite the care that was taken, category names and groupings and the coding of arguments and tactics are ultimately subjective. Although different groups of researchers may have done this differently, it is unlikely that the underlying and main conclusions would have been substantially different.

Finally, across the two systematic reviews, over half of the 65 included articles focussed on Europe, North America or Australasia, highlighting a large bias towards research in these higher income countries which have the longest history of tobacco use (Figure 3) and where alcohol use is greatest (Figure 9). Although three articles focussed on Africa (one tobacco, two alcohol), four on South America (all tobacco) and nine on Asia (eight tobacco, one alcohol), much more research is needed into the TI and AI's political activity in emerging and developing economies globally, and especially in countries where governments are less accountable or transparent and corruption is high, thereby potentially allowing industry to have a larger impact. Despite the geographical bias, the two reviews presented in this thesis demonstrate that the same political activity is used across jurisdictions.

PART 3: LEVELS OF TOBACCO AND ALCOHOL MARKETING, REGULATION, AND INDUSTRY COMPLIANCE

Chapter 8: The EPOCH Study

8.1 The EPOCH Study

It is now understood that the environment is an important determinant of health (see sub-chapter 2.2 The Determinants of Health), in part because it plays a large role in influencing a population's health-related behaviours. As outlined by Chow et al[529] there are a number of instruments that have been developed to measure the environmental factors that have an influence on health-related behaviours, including those by Brownson et al[530], Day et al[531], and Joossens and Raw[331], however until now these instruments have "focused on a single health behaviour such as smoking, physical activity or diet and on one aspect of the environment"[529]. Additionally, most of the instruments have only been used in, and developed for, individual geographical settings[529]. In order to effectively compare environmental factors in a number of different settings, a new model to measure multiple-aspects of the environment was required.

The Environmental Profile of a Community's Health (EPOCH) tool was developed to meet this need. EPOCH is a component of the Prospective Urban Rural Epidemiology (PURE) study, a large (over 150,000 individuals[532]) cohort study examining the relationship between lifestyle factors and cardiovascular disease in adults aged 35-70 years[533]. The PURE study collects data including participants' medical history, lifestyle behaviours (including physical activity, diet, and health behaviours), and body measurements, and also takes blood samples and runs an electrocardiogram[533]. EPOCH collects information on environmental factors that may influence health in the PURE communities.

The EPOCH study is split into two parts: EPOCH 1 and EPOCH 2.

- *EPOCH 1* is an objective environmental audit of the communities. There are six parts to the data collection: 1) noting information on essential infrastructure and services, 2) a pre-defined 1km walk within a community in which trained investigators systematically record physical aspects of the environment (for example the number of adverts), 3) assessment of a tobacco outlet, 4) assessment of a grocery store, 5) assessment of a restaurant, and 6) availability and cost of certain medications[534]. Each community audit (one per community) is completed during daylight working hours. The pre-defined 1km walk is mapped beforehand, and must occur

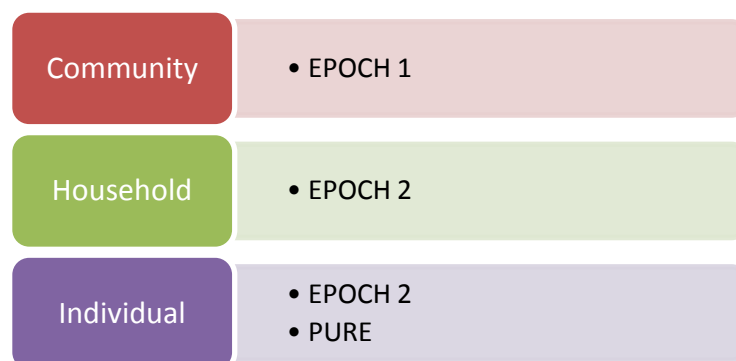
within the area which local residents would consider the main commercial district of the community[534].

- *EPOCH 2* is an interviewer-administered questionnaire. It finds out about the following three subjects: “what participants observe in their community; their awareness of local laws, regulations, and health programs; and their opinions about behaviors and laws”[529]. The *EPOCH 2* survey is split into four sections: 1) the tobacco environment, 2) the nutrition and physical activity environment, 3) the social environment, and 4) individual’s home and work environment[534]. The questionnaire was designed to be completed either via a face-to-face interview or over the telephone[534]. As the same people are interviewed in *EPOCH 2* as those included within the *PURE* study, the information collected through *EPOCH* can be linked to biological measures, such as BMI, and information about health behaviours.

It was expected that those conducting the community assessments and interviews within each community were trained researchers with knowledge of health-related research, were familiar with the assessment areas, and spoke the main language of the community[534].

The *EPOCH* study, combined with data from the *PURE* study, means that multiple levels of the environment that have the potential to influence health can be studied; the community as a whole (through the community environmental audit in *EPOCH 1*), the household level (through the questionnaire administered in *EPOCH 2*), and the individual level (through the questionnaire in *EPOCH 2* and biological and health-behaviour data from *PURE*) (see Figure 28).

Figure 28: EPOCH/PURE levels



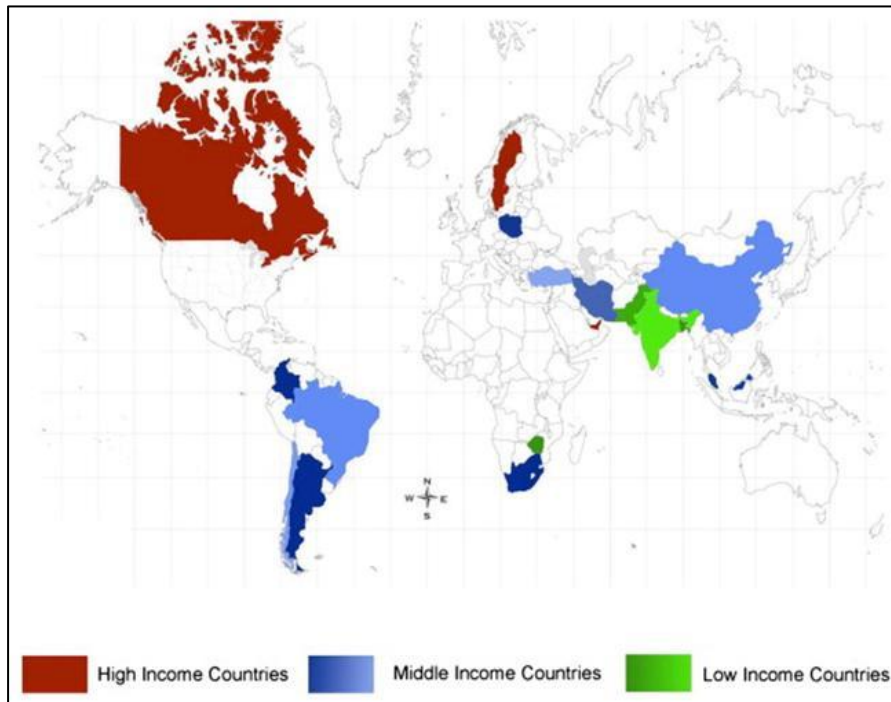
National level data (i.e. national policy and economic indicators) were not collected in EPOCH or PURE, so the relevant and necessary information for the analysis presented in this thesis was self-collected (data collection is discussed within the methods sections of the following chapters).

8.2 Country, Community, and Individual Sampling Methods

17 countries were initially included in EPOCH (see Figure 29), and this number is being continually increased. For practical reasons, proportionate sampling of the whole world was not aimed for[535], instead the investigators aimed to find a balance between involving countries with substantial heterogeneity in their social and economic circumstances and policies, and their ability to provide at least ten years of follow-up data[533, 535]. There was also an intentional focus on MICs and LICs[533] as data on chronic diseases are lacking[536]. The study countries cover all four income groups in the World Bank 2006 classification[533, 536]:

- High income countries (HIC): Canada, Sweden, and the United Arab Emirates (UAE)
- Upper-middle income countries (UMIC): Argentina, Brazil, Chile, Malaysia, Poland, South Africa, and Turkey
- Lower-middle income countries (LMIC): China, Colombia, and Iran
- Low income countries (LIC): Bangladesh, India, Pakistan, and Zimbabwe

Figure 29: EPOCH/PURE study countries



(Source [533])

Within each country, multiple urban and rural communities were selected for assessment. This was completed using a stratified sample with the aim of including a broad and diverse range of communities[536]. The number of communities sampled within each country varied in order to ensure substantial heterogeneity[533]. The number of communities surveyed ranged from three in the UAE and Zimbabwe to 88 in India and 101 in China, the additional community surveys in these countries were to reflect their population size and diversity in policies, socioeconomic status, culture, and physical environment[533, 535].

It was acknowledged that the notion of a 'community' differs widely by country, and so broad guidelines were devised for EPOCH community selection. EPOCH communities had to be within a pre-specified geographic area, must have been viewed by local residents as a community, must have contained residents with common characteristics, and must have contained residential and commercial zoned areas[534]. A whole city or town was not usually considered a community, instead individual communities from distinct areas of the city/town were selected[535]. Communities were not expected to be larger than a diameter of five

kilometers (it was noted that rural communities may have larger areas and fewer residents than urban communities); community boundaries were drawn by postcode or by town/village boundary, depending on the country[534]. Rural communities tended to be defined by village boundaries, and had to be located at least 50km away from an urban centre[535]. Both rural and urban communities were included as it was expected that they have distinct characteristics in terms of their social and physical environment[533], which may have different effects on health behaviours and outcomes.

Communities also had to have a stable population, or be unlikely to substantially change over the study period[533]. Individuals were selected to be broadly representative of all individuals aged 35-70 within a selected community. The recruitment method varied by country, for example in rural India announcements about the study were made by a community leader and then followed up by door-to-door visits by researchers, whereas in Canada information about the study was sent by post and then followed up by a phone call[533, 535]. At least three attempts were made to contact eligible individuals. Households were eligible if at least one member was aged 35-70 years and if the eligible individuals intended to continue living at that address for at least the following four years[533, 535]. EPOCH uses a subsample of the individuals selected for PURE[533].

8.3 The Final Sample

The research presented in this thesis (Chapters 9-12) is some of the first to analyse the EPOCH data. Chapters 9-12 will, in turn, examine the tobacco marketing environment between and within countries, assess levels of TI compliance with marketing regulations, examine the alcohol marketing environment between and within countries, and assess levels of AI compliance with marketing regulations.

The EPOCH data used in this thesis were obtained from the Population Health Research Institute (PHRI), part of McMaster University and Hamilton Health Sciences in Canada, during a two week visit in June/July 2013; I played no role in the design of the study or in the primary data collection. The data used are from the first phase of data collection; the data for EPOCH 1 was predominantly collected during 2010 and EPOCH 2 predominantly between November 2009 and July 2012. The EPOCH study will be repeated and will ultimately become a longitudinal study allowing for comparisons and analysis of risk factors over time.

The Bangladesh data were not available in time for this work, so as Table 16 shows, the final sample comprised 16 countries; three HICs, seven UMICs, three LMICs, and three LICs. 462 communities were included, of which 235 were urban communities and 227 were rural. 11,842 individuals aged (predominantly) 35-70 years who both lived in the communities surveyed for EPOCH 1 and answered the EPOCH 2 questionnaire (5,809 resided in urban communities and 6,033 in rural communities) were also included.

Table 16: The EPOCH sample

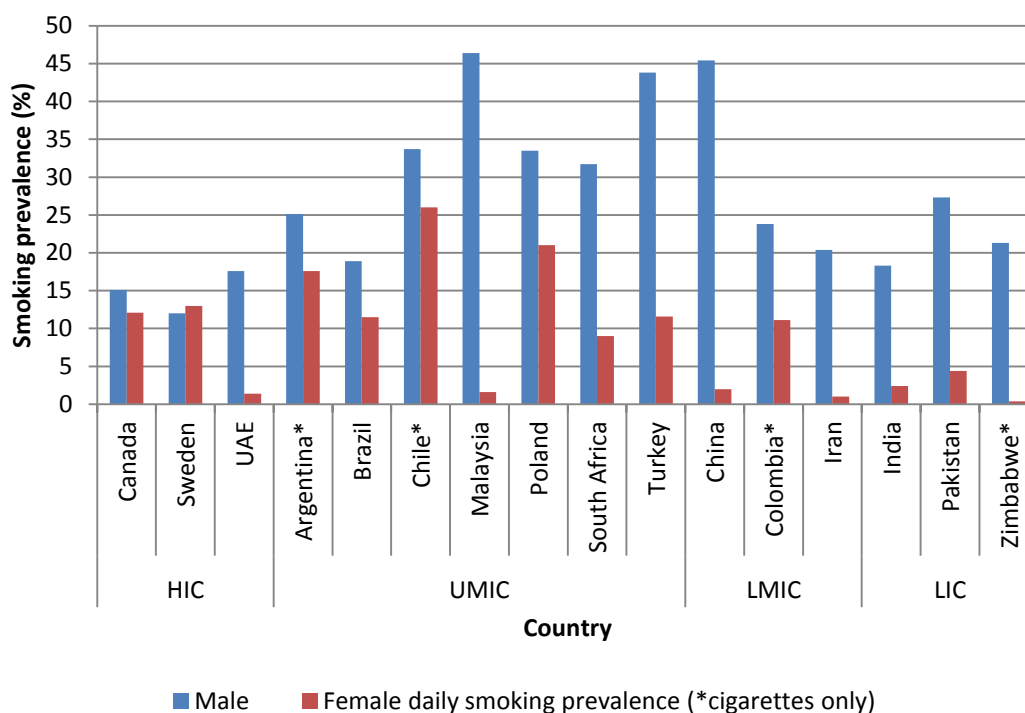
Country	Number of communities			Number of participants		
	Total	Urban	Rural	Total	Urban	Rural
All countries	462	235	227	11,842	5,809	6,033
HIGH INCOME COUNTRIES						
Canada	46	31	15	1,145	807	338
Sweden	23	20	3	580	496	84
UAE	3	1	2	89	26	63
All HIC	72	52	20	1,814	1,329	485
UPPER-MIDDLE INCOME COUNTRIES						
Argentina	20	6	14	544	171	373
Brazil	14	7	7	387	202	185
Chile	5	2	3	127	51	76
Malaysia	33	18	15	1,168	591	577
Poland	4	1	3	89	26	63
South Africa	6	3	3	194	99	95
Turkey	38	25	13	1,207	795	412
All UMIC	120	62	58	3,716	1,935	1,781
LOWER-MIDDLE INCOME COUNTRIES						
China	101	39	62	3,131	1,224	1,907
Colombia	54	31	23	278	151	127
Iran	20	11	9	593	321	272
All LMIC	175	81	94	4,002	1,696	2,306
LOW INCOME COUNTRIES						
India	88	37	51	2,118	766	1,352
Pakistan	4	2	2	111	57	54
Zimbabwe	3	1	2	81	26	55
All LIC	95	40	55	2,310	849	1,461

8.3.1 The EPOCH countries

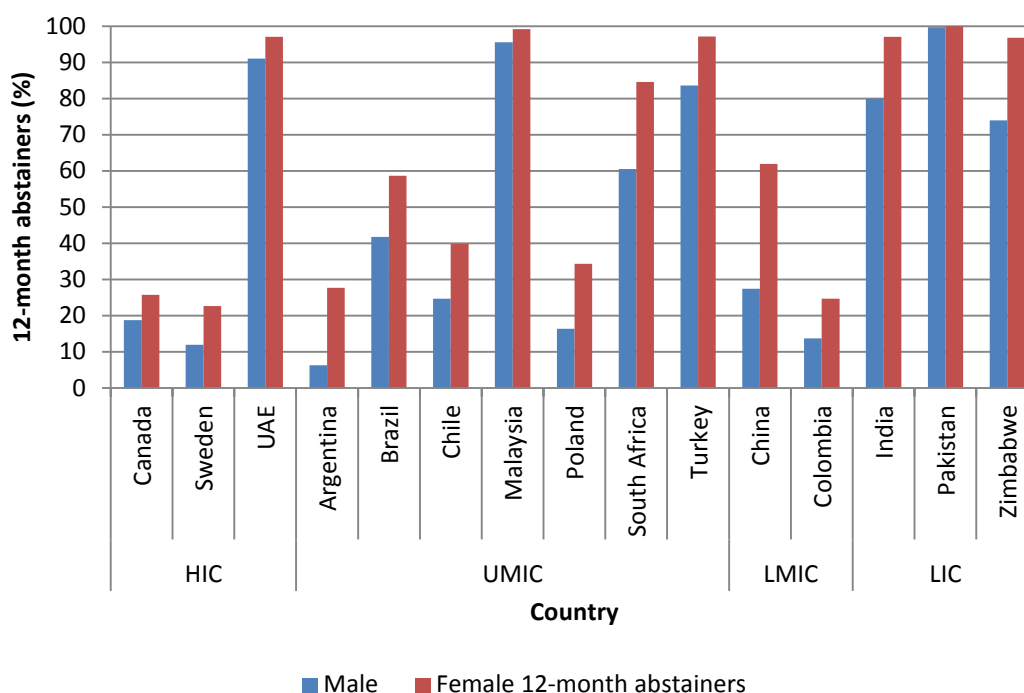
In order to provide some context, a brief summary of each of the included 16 countries has been produced. This summary includes data on population size, GDP per capita, and a brief overview of each country's national tobacco and alcohol markets. Data has been combined from multiple sources, and is the first time a summary of the tobacco and alcohol markets has been produced for the EPOCH countries.

As well as being outlined in the text below, Figure 30 and Figure 31 graphically show the national male and female smoking prevalence and the percentage of individuals who did not report drinking alcohol in the previous 12 months for each of the 16 included countries.

Figure 30: Male and female smoking prevalence, 2010



(Source: [537])

Figure 31: Percentage of individuals who had not drunk alcohol in previous 12 months, 2003

(Source: [538])

8.3.1.1 High Income Countries

Canada

Population (million, 2010[539]): 34.0

GDP per capita (US\$, 2010[540]): 46,212

Tobacco: Canada is one of the world's leading nations in tobacco control, and ratified the FCTC in 2004[541]. In 1994 the minimum legal smoking age was raised from 16 to 18 years[541]. The percentage of smokers in Canada is in decline[541], and in 2010 the adult male daily smoking prevalence was 15.1% and female prevalence was 12.1%[537].

Alcohol: In 2003 in Canada, 18.8% of men and 25.8% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, beer was the most commonly consumed alcohol type (53%), followed by spirits (27%) and wine (20%), and the average per capita alcohol consumption between 2003-2005 was 9.8 litres of alcohol[538]. The minimum legal age for alcohol consumption is determined by individual provinces in Canada; in Quebec it is 18 years, but in all other provinces and territories it is 19 years[542].

Sweden

Population (million, 2010[539]): 9.4

GDP per capita (US\$, 2010[540]): 49,360

Tobacco: Sweden signed the FCTC in 2003 and ratified it in 2005[537]. Although sales of tobacco products are in decline, sales of snus (an oral smokeless tobacco) are still rising[541]. The minimum legal smoking age has been 18 years since 1997[541]. The adult male daily smoking prevalence in Sweden in 2010 was 12.0% (the lowest of all EPOCH countries), and female prevalence was 13.0%[537].

Alcohol: In 2003 in Sweden, 12.0% of men and 22.7% of women (the lowest of all EPOCH countries) reported not drinking any alcohol in the previous 12 months[538]. In 2005, wine was the most commonly consumed alcohol type (44%), followed by beer (39%), and the average per capita alcohol consumption between 2003-2005 was 10.3 litres of alcohol[538]. Retail sales of alcohol over 3.5% ABV are only allowed through a government monopoly *Systembolaget*, and there is a strictly enforced minimum legal age for purchasing alcohol of 20 years-old[542]. Alcohol products of less than 3.5% ABV are sold in grocery stores, and the minimum legal age to purchase this type of alcohol is 18 years, although non/low alcohol beer has no age limit[542].

United Arab Emirates

Population (million, 2010[539]): 7.5

GDP per capita (US\$, 2010[540]): 34,049

Tobacco: The UAE signed the FCTC in 2004 and ratified it in 2005[537]. However, “as in most countries in the Middle East, ambivalence within the government system leads to contradictory policies” with local Emirate laws operating alongside national legislation, and enforcement is often poor[541]. The national minimum legal smoking age is 18 years, but this is expected to rise to 20 years by 2015[541]. The adult male daily smoking prevalence in the UAE in 2010 was 17.6%, and female prevalence was 1.4%[537].

Alcohol: The UAE is an Islamic country and alcohol use is banned for all Muslims[543]. Sale of alcohol to non-Muslims aged 21 years or older is, however, allowed but under strict guidelines; in order for non-Muslims to

purchase alcohol they must show an Emirate-issued licence (the licence is only valid in the Emirate that it was issued in)[543]. In 2003 in the UAE, 91.0% of men and 97.0% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, beer was the most commonly consumed alcohol type (92%), and the average per capita alcohol consumption between 2003-2005 was just 0.54 litres of alcohol[538].

8.3.1.2 Upper-Middle Income Countries

Argentina

Population (million, 2010[539]): 40.4

GDP per capita (US\$, 2010[540]): 9,133

Tobacco: Argentina is one of the largest tobacco producing countries in the world[541]. It signed the FCTC in 2003, but is yet to ratify it[537]. As of 2012, the minimum legal smoking age is 18 years[541]. Adult male daily smoking prevalence (of cigarettes only) in Argentina in 2010 was 25.1%, and female prevalence was 17.6%[537].

Alcohol: In 2003 in Argentina, 6.3% of men (the lowest of all EPOCH countries) and 27.7% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, wine was the most commonly consumed alcohol type (59%), followed by beer (32%), and the average per capita alcohol consumption between 2003-2005 was 10.0 litres of alcohol[538]. The minimum legal age for alcohol consumption is 18[542].

Brazil

Population (million, 2010[539]): 194.9

GDP per capita (US\$, 2010[540]): 10,978

Tobacco: In 2011, Brazil was the second largest producer and the leading exporter of tobacco leaf in the world, and is a major producer of finished cigarettes[541]. Despite this, it “is internationally known for its commitment to health” and “has one of the world’s most stringent anti-smoking control programmes”; it was the second country to sign the FCTC (in 2003), and ratified it in 2005[537, 541]. The minimum legal smoking age is 18 years[541]. The adult male daily smoking prevalence in Brazil in 2010 was 18.9%, and female prevalence was 11.5%[537].

Alcohol: In 2003 in Brazil, 41.8% of men and 58.7% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, beer was the most commonly consumed alcohol type (54%), followed by spirits (40%), and the average per capita alcohol consumption between 2003-2005 was 9.2 litres of alcohol[538]. The minimum legal age for alcohol consumption is 18, but age-verification is known to be lax[542].

Chile

Population (million, 2010[539]): 17.1

GDP per capita (US\$, 2010[540]): 12,671

Tobacco: Chile signed the FCTC in 2003 and ratified it in 2005[537]. In 2006/7 the minimum legal smoking age was raised from 16 to 18 years[541]. The adult male daily smoking prevalence (cigarettes only) in Chile in 2010 was 33.7%, and female prevalence was 26.0% (the highest of all EPOCH countries)[537].

Alcohol: In 2003 in Chile, 24.7% of men and 39.8% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, wine, spirits and beer were consumed in almost equal quantities (38%, 32% and 30% respectively), and the average per capita alcohol consumption between 2003-2005 was 8.6 litres of alcohol[538]. The minimum legal age for alcohol consumption is 18, but enforcement of this is lax[542].

Malaysia

Population (million, 2010[539]): 28.4

GDP per capita (US\$, 2010[540]): 8,729

Tobacco: Malaysia signed the FCTC in 2003 and ratified it in 2005[537]. The minimum legal smoking age is 18 years[544]. The adult male current smoking prevalence in Malaysia in 2010 was 46.4% (the highest of all EPOCH countries), and female prevalence was just 1.6%[537].

Alcohol: Although Malaysia is a predominantly Muslim country, only 60% of the population practiced Islam in 2012 meaning there is still a large market for alcohol sales[542]. In 2003 in Malaysia, 95.5% of men and 99.2% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, beer was the most commonly consumed alcohol type (79%), followed

by spirits (17%), and the average per capita alcohol consumption between 2003-2005 was just 0.8 litres of alcohol[538]. The minimum legal age for alcohol consumption for non-Muslims is 18[542].

Poland

Population (million, 2010[539]): 38.3

GDP per capita (US\$, 2010[540]): 12,302

Tobacco: Poland signed the FCTC in 2004 and ratified it in 2006[537]. The minimum legal smoking age is 18 years[541]. The adult male daily smoking prevalence in Poland in 2010 was 33.5%, and female prevalence was 21.0%[537].

Alcohol: In 2003, 16.4% of men and 34.3% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, beer was the most commonly consumed alcohol type (56%), followed by spirits (31%), and the average per capita alcohol consumption between 2003-2005 was 13.3 litres of alcohol[538]. The minimum legal age for alcohol consumption is 18[542].

South Africa

Population (million, 2010[539]): 50.1

GDP per capita (US\$, 2010[540]): 7,266

Tobacco: South Africa signed the FCTC in 2003 and ratified it in 2005[537]. In 2009 the minimum legal smoking age was raised from 16 to 18 years[545]. The adult male daily smoking prevalence in South Africa in 2010 was 31.7%, and female prevalence was 9.0%[537].

Alcohol: In 2003 in South Africa, 60.5% of men and 84.6% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, beer was the most commonly consumed alcohol type (56%), followed by wine (17%) and spirits (16%), and the average per capita alcohol consumption between 2003-2005 was 9.5 litres of alcohol[538]. The minimum legal age for alcohol consumption is 18[542].

Turkey

Population (million, 2010[539]): 72.8

GDP per capita (US\$, 2010[540]): 10,135

Tobacco: Turkey signed and ratified the FCTC in 2004[537]. The minimum legal smoking age is 18 years, but a 2003 survey reported that the average age at which children started to smoke was 11 years-old[541]. The adult male daily smoking prevalence in Turkey in 2010 was 43.8%, and female prevalence was 11.6%[537].

Alcohol: In 2003 in Turkey, 83.6% of men and 97.1% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, beer was the most commonly consumed alcohol type (60%), followed by spirits (35%), and the average per capita alcohol consumption between 2003-2005 was 3.4 litres of alcohol[538]. The minimum legal age for alcohol consumption is 18, but age-verification is lax[542].

8.3.1.3 Lower-Middle Income Countries

China

Population (million, 2010[539]): 1,341.3

GDP per capita (US\$, 2010[540]): 4,448

Tobacco: China is the largest producer of tobacco leaf in the world and is a significant producer of finished cigarettes[541]. The CNTC is the world's largest state-owned tobacco company[2] and accounted for 43.2% of the 2013 global tobacco market[120]. Due to the size of the Chinese market (Chinese men smoke a third of the world's cigarettes), in 2008 CNTC produced 2.1 trillion of the 5.9 trillion cigarettes made worldwide[2]. China signed the FCTC in 2003 and ratified it in 2005[537]. The minimum legal smoking age is 18 years, but in China cigarettes are often offered to friends and family as gifts and to show hospitality thereby creating a smoking-tolerant environment leading to a higher chance to minors smoking[541, 546]. The adult male daily smoking prevalence in China in 2010 was 45.4%, whereas female prevalence was just 2.0%[537].

Alcohol: In 2003 in China, 27.4% of men and 61.9% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, spirits were the most commonly consumed alcohol type (57%), followed by beer (34%), and the average per capita alcohol consumption between 2003-2005 was 5.9 litres of alcohol[538]. There is no minimum legal age for alcohol consumption, but alcohol producers are only allowed to sell to those over 18 years-old[542].

Colombia

Population (million, 2010[539]): 46.3

GDP per capita (US\$, 2010[540]): 6,180

Tobacco: Colombia ratified the FCTC in 2008[537], and is viewed as being “at the forefront of strong tobacco control measures among its Latin American peers”[541]. In 2009 the minimum legal smoking age was raised to 18 years (prior to this, a 1986 law only banned the sale of cigarettes to children under 14 years-old)[541]. The adult male current smoking prevalence (cigarettes only) in Colombia in 2010 was 23.8%, and female prevalence was 11.1%[537].

Alcohol: In 2003, 13.7% of men and 24.7% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, beer was the most commonly consumed alcohol type (64%), followed by spirits (34%), and the average per capita alcohol consumption between 2003-2005 was 6.2 litres of alcohol[538]. The minimum legal age for alcohol consumption is 18[542].

Iran

Population (million, 2010[539]): 74.0

GDP per capita (US\$, 2010[540]): 5,675

Tobacco: The Iranian tobacco market is controlled by the Iranian Tobacco Co, a state-owned tobacco company[541]. Iran signed the FCTC in 2003 and ratified it in 2005[537]. The minimum legal smoking age is 18 years, but this restriction is often flouted[541]. In 2010 the adult male daily smoking prevalence in Iran was 20.4%, and female prevalence was just 1.0%[537].

Alcohol: Since 1979, when an Islamic government came to power, alcohol has been banned in Iran as Islamic law forbids the consumption, manufacture and sale of alcohol[542]. Non-alcoholic beer is subsequently a “highly developed and well-established” product in Iran, and there is a large ‘black market’ for alcoholic drinks[542]. The average per capita alcohol consumption between 2003-2005 was 1.02 litres of alcohol[538].

8.3.1.4 Low Income Countries

India

Population (million, 2010[539]): 1,224.6

GDP per capita (US\$, 2010[540]): 1,419

Tobacco: India signed the FCTC in 2003 and ratified it in 2004[537]. India has some of the toughest tobacco control policies globally, but they “are difficult to enforce due to the country’s huge population and the overall lax enforcement culture”[541]; tobacco sales were still increasing in 2010[541]. Since 2003 the minimum legal smoking age has been 18 years[541]. The adult male daily smoking prevalence in India in 2010 was 18.3%, and female prevalence was just 2.4%[537].

Alcohol: In 2003 in India, 80.0% of men and 97.0% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, spirits were the most commonly consumed alcohol type (88%), and the average per capita alcohol consumption between 2003-2005 was 2.6 litres of alcohol[538]. The minimum legal age for alcohol consumption is determined by individual states in India; the minimum age ranges from 18 years-old to 25 years-old[542].

Pakistan

Population (million, 2010[539]): 173.6

GDP per capita (US\$, 2010[540]): 1,019

Tobacco: Pakistan signed and ratified the FCTC in 2004[537] however it suffers from weak implementation of tobacco control measures due to lack of unity between government and law enforcement bodies, and widespread corruption[544]. The minimum legal smoking age is 18 years[544]. The adult male daily smoking prevalence in Pakistan in 2010 was 27.3%, and female prevalence was 4.4%[537].

Alcohol: In Pakistan it is illegal for Muslims (who form 97% of the population) to consume alcohol, but non-Muslims over the age of 21 may buy and consume alcohol[542]. In 2003, 99.7% of men and 100.0% of women (both the highest of all EPOCH countries) reported not drinking any alcohol in the previous 12 months (and were lifetime abstainers)[538]. The average per capita alcohol consumption between 2003-2005 was just 0.06 litres of alcohol, and what was consumed was mostly alternative forms of alcohol such as fermented beverages made from maize, millet, rice, or cider, fruit wine, and fortified wine[538].

Zimbabwe

Population (million, 2010[539]): 12.6

GDP per capita (US\$, 2010[540]): 568

Tobacco: Zimbabwe has not signed the FCTC[537], and is the only country in this study not to have done so. Zimbabwe is a major grower of tobacco (in 2008 it was grown on over 0.25% of agricultural land[2]) and relies substantially on tobacco for export earnings[547, 548]. The adult male current smoking prevalence (cigarettes only) in Zimbabwe in 2010 was 21.3%, and female prevalence was only 0.4% (the lowest of all EPOCH countries)[537].

Alcohol: In 2003 in Zimbabwe, 74.0% of men and 96.8% of women reported not drinking any alcohol in the previous 12 months[538]. In 2005, 'other' alcoholic beverages (including fermented beverages made from maize, millet, rice, or cider, fruit wine, and fortified wine) were the most commonly consumed alcohol type (68%), followed by beer (25%), and the average per capita alcohol consumption between 2003-2005 was 5.1 litres of alcohol[538].

8.4 EPOCH Strengths and Limitations

The strengths and limitations of the analysis presented in the subsequent chapters will be dealt with in each discussion. There are, however, a number of strengths and limitations relating to the EPOCH study and data more broadly, which apply to each of the following pieces of analysis; those outlined below will therefore not be outlined again.

Limitations

First, although diverse[549], the 16 countries included in the analysis are not necessarily representative of LICs, MICs, and HICs generally, nor is the selection of communities within each country necessarily representative of all communities[533]. This means that the results cannot reliably be extrapolated to all communities within a country, or to other countries in any of the income groups. Second, the sample size (both the number of communities and number of individuals) varies by country, and more uncertainty would be expected in an estimate for a country in which only a few communities are sampled. Third, although the EPOCH methods have been

shown to be reliable[529], there are limits to how well a 1km walk (in EPOCH 1) can represent an entire community. It was impossible to walk around whole communities, so selecting a 1km route was deemed to be the most systematic way of comparing multiple communities. Forth, individuals surveyed in EPOCH 2 were only asked whether or not they saw certain types of marketing in the last six months, not how often they saw it meaning that EPOCH offers a limited indication of total marketing exposure. Linked to this, individual exposure to marketing was solely based on self-reported, retrospective data meaning there could be substantial recall bias. There is no reason to suspect that this recall bias would be different for different marketing types, so it is likely that all of the data would have been affected equally. Also linked to this, little explanatory information was given within the questionnaires (although further details were included within the EPOCH manual[534]) regarding what was meant by each form of marketing, meaning that there was the potential for measurement error. For example, the percentage of individuals who reported exposure to radio marketing may be higher than the reality as some individuals may have counted hearing a product discussed by a radio DJ or within the lyrics of a song (as shown in sub-chapter 3.2.3 The 5P's: Promotion) as marketing exposure, whereas the measure was meant to only capture industry radio advertisements. Although these errors may have affected the self-reported data, there is no way of telling if this is the case or which measures are captured most accurately. Fifth, only individuals aged 35-70 years were included in EPOCH meaning there are no data collected on youth exposure to marketing. As most individuals who smoke or drink begin smoking or drinking in adolescence[25, 550-552], this is a significant limitation. Sixth, EPOCH data were collected between 2009 and 2012 and some of the included countries have since taken further steps to strengthen their marketing regulations meaning that marketing levels may have now have fallen within these countries. Finally, EPOCH is currently cross-sectional, and although there are plans to repeat the study every 5-6 years the data are not yet longitudinal. This means that the current analysis, presented in this thesis, can only provide a snapshot of the environment.

Additionally, although the methods used in the EPOCH study have been shown to be reliable[529], and the diversity[549] of the countries included is one of the major strengths of EPOCH, undertaking research within such different countries and communities has many potential problems. First, defining what constitutes an 'urban' and 'rural' community within each country is not simple, as international definitions are not standardised. For example, in Canada postcodes were used to

define communities, whereas in rural India village boundaries (which were often more subjective) were used. This means that urban communities and rural communities may not be directly comparable between countries. Second, equivalent and comparable data collection measures had to be defined for each country[529]. For example the definition of a tobacco store varied by country; in one country a tobacco store may have been a large supermarket and in another it may have been a stand-alone market stall[529]. As only one tobacco store was selected per community, this could mean that measures derived from the store assessment (such as whether or not it sold single cigarettes or had POS advertising) are not an accurate reflection of tobacco stores within a country or community, or are not directly comparable across countries. Third, although researchers were trained and a detailed manual was produced[534], it is quite possible that outlets and adverts counted during EPOCH 1 may have been recorded slightly differently by different researchers or by those within different countries. In the EPOCH pilot, measuring the numbers of adverts was shown to be one of the most unreliable EPOCH 1 measures[529]; the training and EPOCH manual was subsequently improved to address this. Forth, creating a standardised questionnaire to use with individuals in such a wide range of countries is difficult as questions must be easy to understand and interviewers must be able to clearly explain, without biasing the results, what is meant when queries arise. Cultural differences are inevitable, but the EPOCH manual was developed to try and minimise any confusion that could arise. It is not possible to know whether problems did occur during data collection, or on what scale, but it is reassuring to know that the EPOCH methods have been assessed and found to be reliable[529].

Strengths

First, EPOCH is the first study to systematically collect data on the level and nature of marketing at both the country and community level. Second, it is the first large-scale study to collect both observed community data and self-reported data from individuals. Third, the 16 countries included in the analysis in this thesis are very diverse, both in terms of economics and culture. Finally, the reliability of EPOCH as a tool for measuring environmental determinants of health has been assessed and confirmed[529], meaning researchers can be as certain as possible that the methods used during data collection provide an accurate representation of the communities and countries included.

Chapter 9: The Tobacco Marketing Environment

9.1 Background

As sub-chapter 2.1 Prevalence of Tobacco and Alcohol Use, and Tobacco and Alcohol's Impact on Health outlined, globally tobacco is a leading cause of morbidity and mortality, responsible for an estimated 18% of deaths in HICs, 11% in MICs, and 4% in LICs[9]. However, with smoking prevalence falling in HICs but still increasing in many MICs and LICs, the global burden from tobacco is set to rise substantially and shift increasingly from higher to lower income countries. By 2030 tobacco use is predicted to cause over eight million deaths per year, 80% of which will occur in MICs and LICs[24].

The TI has been described as the 'vector' of this global tobacco epidemic[91, 404], with marketing underpinning the TI's ability to spread the epidemic[17-20]. The WHO's FCTC made unprecedented reference to the role that the TI has played and will continue to play in the smoking epidemic[330], and given the importance of marketing in driving tobacco use[17-20] and evidence that complete bans on marketing are an effective means of reducing tobacco use[2, 17, 158, 317-319], multiple FCTC Articles make recommendations regarding the marketing of tobacco products[324]. Most notable is Article 13 which recommends a "comprehensive ban of all tobacco advertising, promotion and sponsorship" including, at a minimum, television, radio and print media marketing, promotional incentives, and sponsorship of events[324]. The successful implementation of this Article and the other evidence-based policies of the FCTC are central to halting the spread of the tobacco epidemic. Yet while 179 countries[326], covering over 87% of the world's population[328], have become Party to the FCTC since it came into force in 2005, implementation of some of the Articles has been slow reflecting both the lack of capacity in many countries to implement effective policies[402] and insidious influence by the industry[402-407].

As sub-chapter 3.3 The Extent and Impact of Tobacco and Alcohol Industry Marketing showed, there is limited literature on the extent of TI marketing globally despite there being three major international studies examining youth[293] and adult[39, 294] exposure to marketing across a large number of countries. Ten of the countries in the present study are unique to EPOCH and not examined by either of

the other two adult studies (WHO GATS[39] and the ITC Project[294]; Table 17). In addition EPOCH is the only large-scale study that collects data on observed marketing levels; GATS and the ITC Project rely solely on self-reported data by individuals. EPOCH is therefore unique in collecting observed community data on, for example, tobacco outlet density, community advertising, and the sale of single cigarettes. Although GATS, the ITC Project and EPOCH each collect self-reported data on marketing seen by individuals, EPOCH covers a consistently broader range of marketing types in each country. Data from GATS and the ITC Project have not been used to systematically assess levels of tobacco marketing between and within countries, and they are not designed to study levels of marketing sub-nationally.

Table 17: Comparison of countries included in international adult studies of tobacco marketing exposure

	<u>EPOCH country</u>	<u>ITC</u>	<u>GATS</u>
HICs	Canada	x	
	Sweden		
	UAE		
UMICs	Argentina		
	Brazil	x	x
	Chile		
	Malaysia		
	Poland		x
	South Africa		
	Turkey		x
LMICs	China	x	x
	Colombia		
	Iran		
LICs	India	x	x
	Pakistan		
	Zimbabwe		

This chapter aims to provide a broad assessment of the global tobacco marketing environment by examining 16 countries, all but two of which have ratified the FCTC (Argentina has signed but not ratified, and Zimbabwe is yet to join). Due to the large differences in tobacco sales and consumption between HICs, MICs and LICs, and

urban and rural communities (as Chapter 2 showed), all analysis will focus on country income group and urban/rural comparisons. Specifically this chapter aims to determine the extent and nature of tobacco marketing (through both observed and self-reported measures) in order to assess levels of marketing and whether these differ between countries, country income groups, and urban and rural communities. The hypotheses are that marketing levels will be lowest in higher income countries given their current stage of the tobacco epidemic and their more established tobacco control policies[553], and that more marketing will be seen in urban communities compared to rural communities given their higher population densities (and therefore potential for higher return) and easier access[554]. This chapter addresses the current gaps in the literature and in doing so will be important in identifying countries or community types with particularly high levels of certain types of marketing.

9.2 Methodology

9.2.1 Data source

Data from the EPOCH study were used for this analysis (see Chapter 8 for study description).

9.2.2 Measures of marketing

EPOCH records both 'push' and 'pull' marketing. Push marketing aims to increase product availability[555, 556] and was measured in EPOCH 1 by the number of tobacco outlets (counted during the 1km walk) and whether or not a selected store sold single cigarettes (one store selling tobacco was selected according to a strict protocol and visited during the 1km walk). Pull marketing encourages customers to seek out a product through advertising and promotion[555, 556] and was measured using both observation via EPOCH 1 (the number of tobacco adverts counted during the 1km walk and whether or not the selected store visited during the 1km walk had POS tobacco advertising) and self-report via EPOCH 2 (whether or not individuals recalled seeing tobacco advertising on different types of media in the past six months). All but one of the marketing measures examined are specifically covered by FCTC Articles[324] or their guidelines for implementation[557]; tobacco outlet density is not currently addressed by the FCTC but is included in this analysis as it has been shown to play an important role in adult and youth smoking prevalence consumption[558-561]. More information can be found in Appendix 3.

9.2.3 Community-level analysis (EPOCH 1)

Averages of the number of tobacco outlets and adverts per community and the percentage of communities where the selected store did sell single cigarettes or have POS advertising were calculated for each country and country income group (each split by urban and rural communities). The data were then tabulated and graphed.

To examine differences in the number of observed tobacco outlets and tobacco adverts between urban and rural communities and country income groups negative binomial multilevel regression models were used; statistical tests showed that the outcome data were highly overdispersed (large variance), hence negative binomial regression models rather than Poisson regression models were used. The number of outlets or adverts was the outcome variable, with categorical explanatory variables for country income group (4 categories: HIC, UMIC, LMIC and LIC) and community type (2 categories: rural and urban), and a random effect for country. Incidence rate ratios (IRR) were obtained by exponentiating the regression coefficient and these are presented along with corresponding confidence intervals (CI) and p-values (95% significance). As data on single cigarettes and POS advertising were based on only one tobacco-selling store per community, and it is not possible to know whether the selected store was representative of all stores within the community, these outcome variables were not subject to regression analysis.

9.2.4 Individual-level analysis (EPOCH 2)

To examine differences in self-reported marketing levels between urban and rural communities and across country income groups 13 binary (yes/no) outcome variables were considered. These included whether or not individuals reported seeing tobacco marketing on 11 different mediums: posters, signage, TV, radio, print media, cinema, sponsorship, on other products, Internet, free samples, and vouchers. The first six and last five marketing types were then also combined into 'traditional marketing' and 'non-traditional marketing' variables respectively, and the percentage of individuals who saw 0 and 1 or more of these traditional or non-traditional marketing types were tabulated and graphed.

A logistic multilevel regression model was applied to each of the 13 binary outcome measures and included categorical explanatory variables for country income group (4 categories: HIC, UMIC, LMIC and LIC) and community type (2 categories: rural and urban), and random effects for country and community. Each model was

adjusted for potential confounders – sex, age, education, smoking status, having close friends who smoke, access to the Internet, TV ownership and radio ownership – to assess whether the differences between communities and country income groups were explained by these covariates (see Appendix 4). Based on existing literature[17, 35, 113, 131, 186, 261, 264, 265, 267-270, 272-278, 562-565], all of these factors were deemed potentially important in explaining differences in individuals' exposure to tobacco marketing. Odds ratios (OR) are presented along with corresponding CIs and p-values (95% significance).

All of the models were fitted in R 3.0.2, using the `glmmadmb` and `glmer` functions from the `glmmADMB` and `lme4` packages.

9.3 Results

The full EPOCH sample (as outlined in Chapter 8) was used. This comprises 462 communities in 16 countries, of which 235 were urban communities and 227 rural (Table 18). 11,842 individuals (who resided in the observed communities and were interviewed) were included; 5,809 in urban communities and 6,033 in rural communities. The number of communities surveyed in each country ranged from just three in the UAE and Zimbabwe to 88 in India and 101 in China; the large numbers in China and India reflects their population size and diversity[533].

Table 18: The EPOCH sample used in the tobacco marketing environment analysis

Country	Number of communities			Number of participants		
	Total	Urban	Rural	Total	Urban	Rural
All countries	462	235	227	11,842	5,809	6,033
HIGH INCOME COUNTRIES						
Canada	46	31	15	1,145	807	338
Sweden	23	20	3	580	496	84
UAE	3	1	2	89	26	63
All HIC	72	52	20	1,814	1,329	485
UPPER-MIDDLE INCOME COUNTRIES						
Argentina	20	6	14	544	171	373
Brazil	14	7	7	387	202	185
Chile	5	2	3	127	51	76
Malaysia	33	18	15	1,168	591	577
Poland	4	1	3	89	26	63
South Africa	6	3	3	194	99	95
Turkey	38	25	13	1,207	795	412
All UMIC	120	62	58	3,716	1,935	1,781
LOWER-MIDDLE INCOME COUNTRIES						
China	101	39	62	3,131	1,224	1,907
Colombia	54	31	23	278	151	127
Iran	20	11	9	593	321	272
All LMIC	175	81	94	4,002	1,696	2,306
LOW INCOME COUNTRIES						
India	88	37	51	2,118	766	1,352
Pakistan	4	2	2	111	57	54
Zimbabwe	3	1	2	81	26	55
All LIC	95	40	55	2,310	849	1,461

9.3.1 Observed marketing: push

Tobacco outlets

There are marked differences in outlet type and density between countries and country income group (Table 19, Figure 32a). The total number of outlets selling tobacco (vendors/street stands and general stores) increased with declining country income; 1.7 on average per community in HICs, 3.4 in UMICs, and over 5 in LMICs and LICs. This trend was caused largely by the greater number of vendors/street stands in lower income countries as they were non-existent in HICs, rare in UMICs

(0.2 on average per community) and LMICs (0.7 per community), but common in LICs (almost 2 on average per community). The density of general stores did not follow this same pattern; there were 1.7 on average per community in HICs, 3.2 in UMICs, 4.6 in LMICs, and 3.4 in LICs.

Across all countries combined, vendors/street stands were more common in urban (0.9 on average per community) than rural (0.5) communities, as were general stores selling tobacco (3.7 on average per urban community, 3.3 per rural community), although urban/rural differences varied somewhat by country income group (Table 19, Figure 32a).

A multilevel negative binomial regression model controlling for community type and country income group showed that compared to HICs, the number of outlets in UMICs was not significantly different ($p>0.05$) but there were over 2.5 times more outlets per community in LICs (IRR=2.58 (CI=1.23-5.17), $p=0.019$) and LMICs (IRR=2.52 (CI=1.17-5.67), $p=0.012$), and across all countries there were, on average, 27% fewer outlets selling tobacco in rural than urban communities (IRR=0.73 (CI=0.63-0.85), $p<0.001$; Table 20).

Sale of single cigarettes

While the sale of single cigarettes was not observed in eight of the 16 study countries, overall their sale increased with declining country income; in HICs fewer than 3% sold single cigarettes compared with 10.8% in UMICs, almost 40% in LMICs, and 64.2% in LICs (Table 19, Figure 32b). Urban/rural differences in the sale of single cigarettes varied by country income group, but in both LMICs and LICs sales of single cigarettes was more common in urban than rural communities.

9.3.2 Observed marketing: pull Community adverts

Tobacco adverts were much more common in LICs than all other country income groups; almost no adverts were seen in communities in HICs, compared to around 1 on average per community in UMICs and LMICs, and almost 3 in LICs (Table 19, Figure 32c). Across all country income groups adverts were more common in urban (1.7 per community) than rural communities (0.9).

A multilevel negative binomial regression model controlling for community type and country income group showed that compared to HICs, the number of adverts in UMIC and LMICs was not significantly different ($p>0.05$) but 81 times more tobacco

adverts were observed per community in LICs (IRR=80.98 (CI=4.15-1578.42), $p=0.004$), and across all countries there were, on average, 60% fewer adverts in rural than urban communities (IRR=0.40 (CI=0.26-0.60), $p<0.001$; Table 20).

POS advertising

The percentage of selected tobacco stores with POS advertising did not differ clearly by country income group; 18.1% in HICs had POS advertising, compared to 40.0% in UMICs, 21.1% in LMICs, and 44.2% in LICs (Table 19, Figure 32d). Across all countries POS advertising in the selected tobacco stores was more common in urban (40.9%) than rural (19.3%) communities.

Table 19: Observed levels of push and pull tobacco marketing

Country and community (n)			<u>Push marketing</u>			<u>Pull marketing</u>	
			Average number of outlets selling cigarettes/tobacco		Percentage of selected tobacco stores selling single cigarettes	Average number of cigarette/tobacco adverts	Percentage of selected tobacco stores with POS advertising
			Average number of outlets (vendors/ street stands & general stores)	Average number of vendors/ street stands	Average number of general stores		
All countries	All (462)		4.2	0.7	3.5	31.5	1.3
	Urban (235)		4.6	0.9	3.7	31.5	1.7
	Rural (227)		3.8	0.5	3.3	31.4	0.9
HIGH INCOME COUNTRIES							
Canada	Urban (31)		1.5	0	1.5	0	0.0
	Rural (15)		1.1	0	1.1	0	0
Sweden	Urban (20)		2.1	0	2.1	0	0.8
	Rural (3)		1.0	0	1.0	0	0
UAE	Urban (1)		6.0	0	6.0	100.0	0
	Rural (2)		4.5	0	4.5	50.0	0
All HIC	All (72)		1.7	0	1.7	2.8	0.2
	Urban (52)		1.8	0	1.8	1.9	0.3
	Rural (20)		1.5	0	1.5	5.0	0.0

UPPER-MIDDLE INCOME COUNTRIES								
Argentina	Urban	(6)	2.0	0	2.0	33.3	0.5	16.7
	Rural	(14)	0.8	0	0.8	21.4	0.5	7.1
Brazil	Urban	(7)	1.0	0.3	0.7	0	10.4	100.0
	Rural	(7)	2.0	0	2.0	0	6.0	100.0
Chile	Urban	(2)	3.0	1.0	2.0	0	0.5	50.0
	Rural	(3)	1.3	0.3	1.0	66.7	1.0	100.0
Malaysia	Urban	(18)	5.8	0.2	5.6	0	0.1	50.0
	Rural	(15)	7.2	0.7	6.5	26.7	0.1	46.7
Poland	Urban	(1)	8.0	0	8.0	0	0	0
	Rural	(3)	1.3	0	1.3	0	0	0
South Africa	Urban	(3)	3.3	1.0	2.3	33.3	0	33.3
	Rural	(3)	1.3	0	1.3	33.3	0	33.3
Turkey	Urban	(25)	4.0	0	4.0	0	0.1	36.0
	Rural	(13)	1.2	0	1.2	0	0.1	7.7
All UMIC	All	(120)	3.4	0.2	3.2	10.8	1.1	40.0
	Urban	(62)	4.0	0.2	3.8	4.8	1.3	45.2
	Rural	(58)	2.8	0.2	2.6	17.2	0.9	34.5
LOWER-MIDDLE INCOME COUNTRIES								
China	Urban	(39)	6.7	0.4	6.3	0	0.5	20.5
	Rural	(62)	3.0	0.0	2.9	0	0.0	0
Colombia	Urban	(31)	7.7	2.4	5.3	100.0	3.3	54.8
	Rural	(23)	7.3	1.2	6.2	100.0	2.1	43.5
Iran	Urban	(11)	3.0	0	3.0	63.6	0	0
	Rural	(9)	3.9	0	3.9	88.9	0.1	11.1
All LMIC	All	(175)	5.3	0.7	4.6	39.7	1.0	21.1
	Urban	(81)	6.6	1.1	5.5	46.9	1.5	30.9
	Rural	(94)	4.1	0.3	3.8	33.3	0.6	12.2
LOW INCOME COUNTRIES								
India	Urban	(37)	5.4	2.8	2.6	86.5	4.5	75.7
	Rural	(51)	5.2	1.3	3.9	56.9	1.3	17.7
Pakistan	Urban	(2)	4.0	0	4.0	0	3.0	50.0
	Rural	(2)	3.0	0	3.0	0	8.0	50.0
Zimbabwe	Urban	(1)	1.0	0	1.0	0	0	100.0
	Rural	(2)	7.5	4.0	3.5	0	8.5	100.0
All LIC	All	(95)	5.2	1.9	3.4	64.2	2.8	44.2
	Urban	(40)	5.3	2.6	2.7	80.0	4.3	75.0
	Rural	(55)	5.2	1.4	3.9	52.7	1.8	21.8

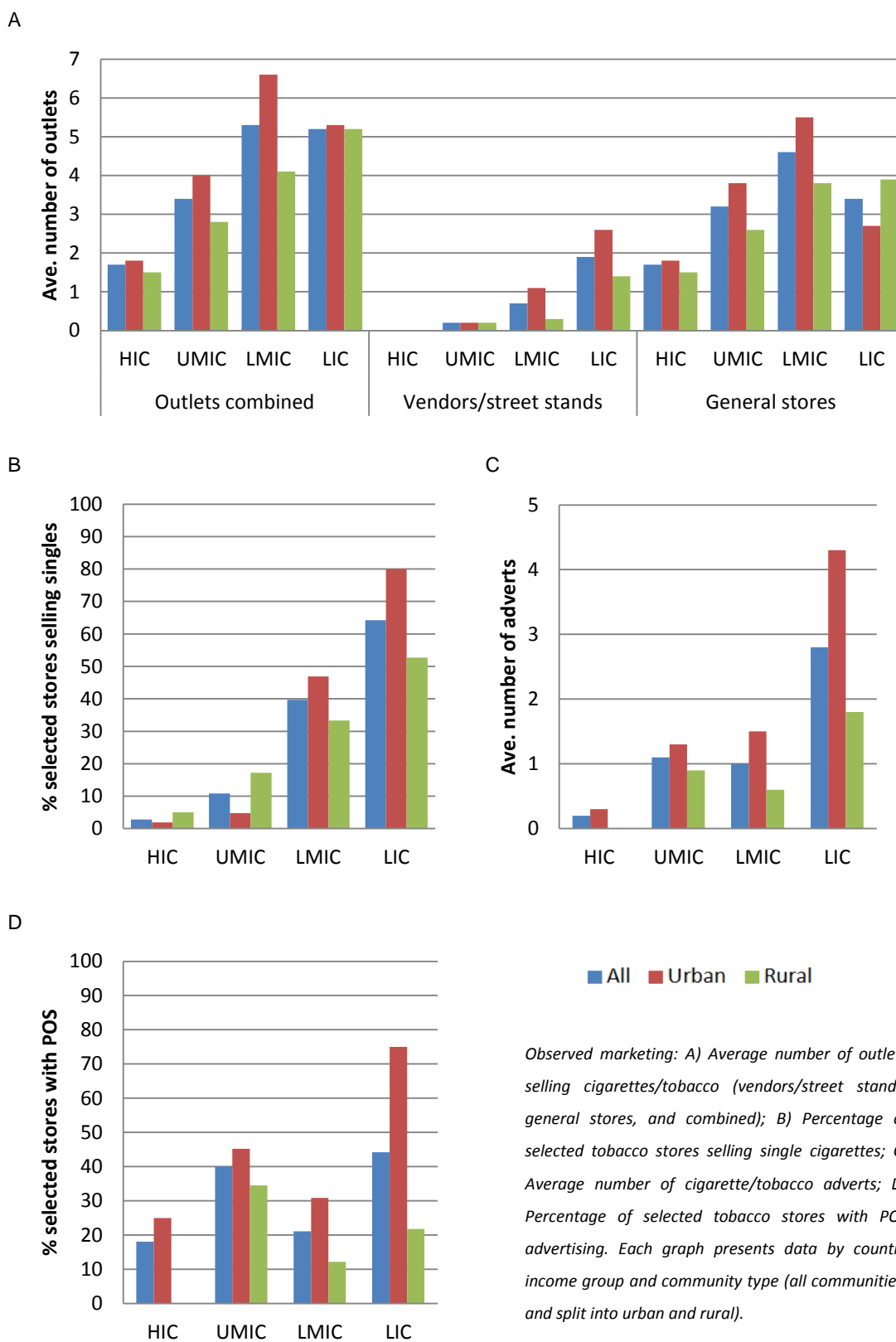
Figure 32: Differences in observed tobacco marketing exposure between country income groups and urban and rural communities

Table 20: Negative binomial multilevel regression models showing incidence rate ratios for the observed levels of push and pull tobacco marketing

		<u>Push marketing:</u> <u>Average number of</u> <u>tobacco outlets</u> <u>(vendors/street</u> <u>stands and general</u> <u>stores)</u>	<u>Pull marketing:</u> <u>Average number of</u> <u>tobacco adverts</u>
		IRR^a (95% CI)	IRR^a (95% CI)
Community type	Urban	1	1
	Rural	0.73 (0.63-0.85)**	0.40 (0.26-0.60)**
Country income group	HIC	1	1
	UMIC	1.29 (0.67-2.49)	3.96 (0.30-52.88)
	LMIC	2.52 (1.23-5.17)*	4.68 (0.26-85.00)
	LIC	2.58 (1.17-5.67)*	80.98 (4.15-1578.42)*

^aIRRs were obtained by exponentiating the regression coefficient.

Models control for community type and country income group, with a random effect for country. 95% CIs also shown

*p<0.05; **p<0.001

9.3.3 Self-reported marketing: pull

Traditional marketing

Across country income groups, individuals in HICs were least likely to report exposure to all forms of traditional marketing (except print media), although differences between other income groups varied by the type of marketing (Table 21, Figure 33a-f, Figure 33). TV marketing was the most common form of traditional marketing seen (29.6% individuals reported seeing TV marketing in the previous six months) followed by posters (19.8%), print media (16.5%), signage (16.4%), radio (12.4%), and cinema marketing (4.8%). All forms of traditional marketing (except TV) and exposure to at least one form were less common in rural than urban communities.

Multilevel logistic regression models controlling for potential confounders including TV and radio ownership showed that compared to HICs, the odds of individuals in LICs reporting exposure to at least one form of traditional marketing in the last six months were almost 10 times higher (OR=9.77 (CI=1.24-76.77), p=0.030); UMICs and LMICs compared to HICs were not significantly different (p>0.05; Table 22a). Specifically, in LICs the odds of exposure were significantly higher for radio (46 times higher; OR=46.05 (CI=1.29-1642.57), p=0.036), signage (11 times higher; OR=11.02 (CI=1.07-113.60), p=0.044), TV (9 times higher; OR=9.42 (CI=1.21-

73.20), $p=0.032$) and cinema (3 times higher; $OR=3.08$ ($CI=1.46-6.49$), $p=0.003$) marketing (Table 22a). The odds of poster and print media exposure were not significantly different between HICs and LICs ($p>0.05$), nor were differences between HICs and UMICs or LMICs for any form of traditional marketing.

These same logistic regression models also showed that compared to urban residents, the odds of individuals in rural communities reporting exposure to at least one form of marketing were significantly lower (28% lower; $OR=0.72$ ($CI=0.53-0.98$), $p=0.036$) as were four of the six traditional marketing types measured – poster (59% lower; $OR=0.41$ ($CI=0.28-0.59$), $p<0.001$), signage (66% lower; $OR=0.34$ ($CI=0.24-0.48$), $p<0.001$), print media (46% lower; $OR=0.54$ ($CI=0.39-0.75$), $p<0.001$), and cinema (51% lower; $OR=0.49$ ($CI=0.30-0.78$), $p=0.003$; Table 22a). The odds of TV and radio marketing exposure between urban and rural communities were not significant ($p>0.05$).

Non-traditional marketing

Non-traditional marketing was considerably less frequently observed than traditional marketing. Tobacco marketing on other products (such as umbrellas) was the most common form of non-traditional marketing (12.4% individuals reported seeing marketing on other products), followed by sponsorship (9.0%), Internet marketing (7.9%), and free samples and vouchers (both 4.2%; Table 21, Figure 33g-k). Differences were not marked between country income groups, but both overall exposure to non-traditional marketing (Figure 33m) and exposure to each form of non-traditional marketing was more common in urban than rural communities.

Multilevel logistic regression models showed that once potential confounders were controlled for none of the country income group comparisons to HIC were significant for any of the non-traditional forms of marketing ($p>0.05$; Table 22b). However, compared to urban residents, the odds of individuals in rural communities reporting exposure to all forms of non-traditional marketing in the last six months were significantly lower. The odds of exposure to one or more forms were 62% lower ($OR=0.38$ ($CI=0.25-0.59$), $p<0.001$), exposure to sponsorship 65% lower ($OR=0.35$ ($CI=0.22-0.56$), $p<0.001$), marketing on other products 68% lower ($OR=0.32$ ($CI=0.20-0.54$), $p<0.001$), Internet marketing 55% lower (even after controlling for Internet access; $OR=0.45$ ($CI=0.26-0.78$), $p=0.005$), free samples 63% lower ($OR=0.37$ ($CI=0.21-0.66$), $p<0.001$) and vouchers 72% lower ($OR=0.28$ ($CI=0.16-0.51$), $p<0.001$; Table 22b).

Table 21: Percentage of individuals who reported seeing each type of tobacco marketing within the previous six months

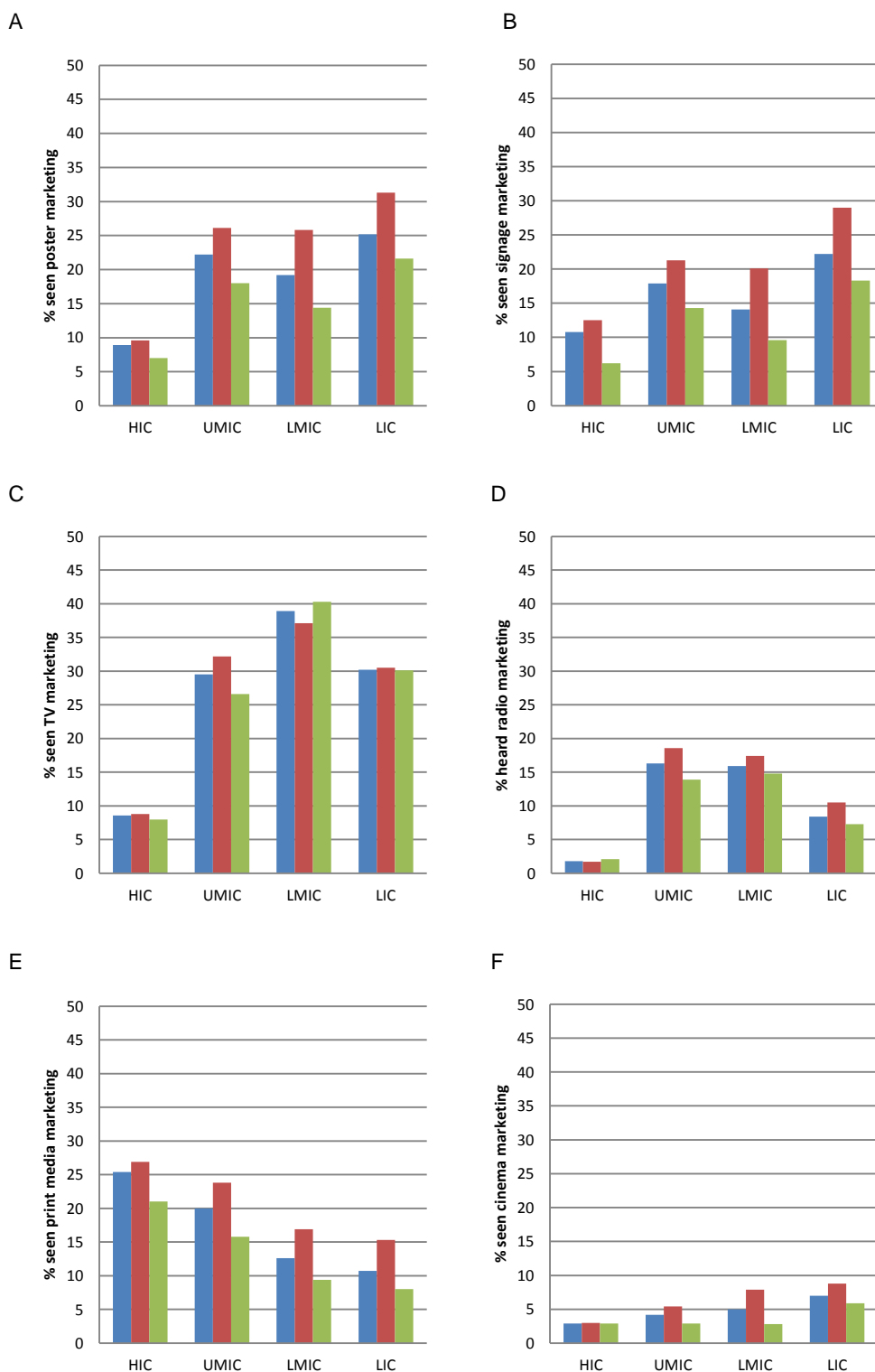
Country and community type (number of individuals)			Traditional marketing							Non-traditional marketing					
			Posters ^a	Signage ^b	Television	Radio	Print media ^c	Cinema	Seen 1+ type of traditional	Sponsorship ^d	Other products ^e	Internet	Free samples	Vouchers ^f	Seen 1+ types of non-traditional
All countries	All	(11,842)	19.8	16.4	29.6	12.4	16.5	4.8	42.4	9.0	12.4	7.9	4.2	4.2	18.1
	Urban	(5,809)	23.0	20.1	28.0	13.2	21.3	6.1	43.8	12.3	16.4	10.9	5.1	5.4	24.0
	Rural	(6,033)	16.7	12.8	31.2	11.7	11.9	3.6	41.1	5.8	8.6	5.1	3.3	3.0	12.4
HIGH INCOME COUNTRIES															
Canada	Urban	(807)	7.3	8.3	8.4	2.1	20.1	2.2	30.2	13.4	6.7	4.8	0.5	0.9	20.5
	Rural	(338)	8.0	6.8	8.6	2.7	18.3	3.6	28.1	10.4	4.4	4.1	0	0.9	16.3
Sweden	Urban	(496)	13.3	19.8	9.8	0.8	39.4	3.9	47.9	8.9	25.4	16.5	0.8	1.4	36.8
	Rural	(84)	2.4	7.1	7.1	0.0	42.9	2.4	47.6	6.0	17.9	10.7	3.6	0	26.2
UAE	Urban	(26)	7.7	7.7	3.9	3.9	3.9	7.7	7.7	3.9	3.9	7.7	0	0	7.7
	Rural	(63)	7.9	1.6	6.4	1.6	6.4	0.0	14.3	0.0	1.6	1.6	0	0	1.6
All HIC	All	(1,814)	8.9	10.8	8.6	1.8	25.4	2.9	34.6	10.7	11.7	8.1	0.6	0.9	23.6
	Urban	(1,329)	9.6	12.5	8.8	1.7	26.9	3.0	36.4	11.5	13.7	9.2	0.6	1.1	26.3
	Rural	(485)	7.0	6.2	8.0	2.1	21.0	2.9	29.7	8.3	6.4	5.0	0.6	0.6	16.1
UPPER-MIDDLE INCOME COUNTRIES															
Argentina	Urban	(171)	9.4	9.4	21.1	0.0	8.8	0	28.7	2.3	0.6	0.6	0	0	3.5

	Rural	(373)	1.6	1.9	23.1	0.5	6.4	0	27.6	1.6	0.0	0.5	0	0	2.1
Brazil	Urban	(202)	7.4	4.0	18.3	4.0	11.4	1.5	27.7	3.0	1.0	3.5	0.5	0.5	6.4
	Rural	(185)	17.3	0.5	18.4	1.1	2.7	0.0	34.6	0.0	0.0	0.0	0.0	0	0.0
Chile	Urban	(51)	68.6	35.3	100.0	72.6	47.1	0	100.0	3.9	76.5	17.7	0	0	76.5
	Rural	(76)	4.0	1.3	15.8	5.3	4.0	0	18.4	0.0	2.6	0.0	0	0	2.6
Malaysia	Urban	(591)	44.0	32.8	45.9	37.7	42.5	11.3	50.8	32.3	32.3	38.9	13.5	17.1	44.3
	Rural	(577)	35.0	28.3	37.4	30.0	31.4	7.1	39.3	21.3	25.3	27.9	12.5	11.4	30.9
Poland	Urban	(26)	23.1	19.2	15.4	3.9	23.1	3.9	46.2	7.7	11.5	15.4	15.4	7.7	42.3
	Rural	(63)	15.9	14.3	11.1	1.6	12.7	1.6	36.5	1.6	7.9	4.8	1.6	0	12.7
South Africa	Urban	(99)	49.0	44.9	55.1	45.9	54.1	21.4	81.6	30.3	29.3	17.2	30.3	34.3	50.5
	Rural	(95)	40.0	34.7	35.8	48.4	30.5	3.2	68.4	16.8	17.9	5.3	17.0	10.5	26.3
Turkey	Urban	(795)	15.6	16.0	21.4	5.7	11.2	1.5	31.7	5.4	10.9	2.6	0.8	0.5	13.8
	Rural	(412)	7.3	9.7	20.6	4.6	7.5	1.5	27.4	3.4	9.5	2.7	0.7	0	13.6
All UMIC	All	(3,716)	22.2	17.9	29.5	16.3	20.0	4.2	37.9	11.8	15.1	12.7	5.7	5.9	20.7
	Urban	(1,935)	26.1	21.3	32.2	18.6	23.8	5.4	41.4	14.4	18.2	14.9	6.3	7.3	25.4
	Rural	(1,781)	18.0	14.3	26.6	13.9	15.8	2.9	34.2	9.0	11.7	10.2	5.2	4.3	15.6
LOWER-MIDDLE INCOME COUNTRIES															
China	Urban	(1,224)	27.0	18.3	43.3	18.5	18.4	8.4	52.3	11.6	21.6	15.4	6.7	6.0	30.5
	Rural	(1,907)	12.4	7.1	44.0	14.0	8.4	2.8	50.0	2.3	9.0	4.4	1.9	1.8	13.8
Colombia	Urban	(151)	58.9	44.4	58.3	45.0	35.1	6.0	76.2	38.4	39.7	7.3	35.1	35.8	42.4
	Rural	(127)	75.6	62.2	70.1	56.7	43.3	7.1	85.0	52.0	52.8	13.4	48.8	50.4	55.1
Iran	Urban	(321)	5.3	15.6	3.4	0.0	2.8	6.9	23.7	0.9	2.1	0.3	0	0.3	3.7
	Rural	(272)	0.4	1.8	0.7	0.7	0.7	1.5	4.0	0.4	0.4	0.4	0	0	0.4

All LMIC	All	(4,002)	19.2	14.1	38.9	15.9	12.6	5.0	47.5	7.9	14.3	7.6	5.8	5.7	19.6
	Urban	(1,696)	25.8	20.1	37.1	17.4	16.9	7.9	49.0	12.0	19.5	11.8	7.9	7.6	26.5
	Rural	(2,306)	14.4	9.6	40.3	14.8	9.4	2.8	46.5	4.8	10.4	4.4	4.2	4.3	14.5
LOW INCOME COUNTRIES															
India	Urban	(766)	27.6	24.4	26.2	7.4	12.3	8.2	46.1	6.1	7.4	0.4	2.5	2.9	8.1
	Rural	(1,352)	18.8	14.0	29.3	3.9	5.6	6.1	41.5	1.0	1.3	0.0	0.2	0.1	2.1
Pakistan	Urban	(57)	57.9	77.2	63.2	45.6	40.4	15.8	87.7	33.3	24.6	28.1	15.8	8.8	40.4
	Rural	(54)	42.6	64.8	48.2	18.5	18.5	1.9	77.8	5.6	1.9	0.0	3.7	1.9	9.3
Zimbabwe	Urban	(26)	84.6	57.7	84.6	23.1	50.0	11.5	96.2	50.0	65.4	0.0	7.7	3.9	69.2
	Rural	(55)	70.9	78.2	30.9	78.2	56.4	3.6	96.4	36.4	38.2	1.8	3.6	0	49.1
All LIC	All	(2,310)	25.2	22.2	30.2	8.4	10.7	7.0	46.9	5.0	5.5	0.9	1.6	1.3	7.1
	Urban	(849)	31.3	29.0	30.5	10.5	15.3	8.8	50.4	9.3	10.4	2.2	3.5	3.3	12.1
	Rural	(1,461)	21.6	18.3	30.1	7.3	8.0	5.9	44.9	2.5	2.7	0.1	0.4	0.1	4.2

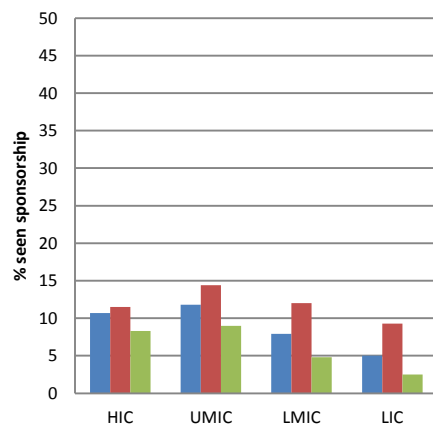
^a Posters (for example billboards, pasted on walls, visible on the sides of taxis, buses etc); ^b Permanently sponsored signage on shops or other buildings; ^c Print media such as newspapers/magazines; ^d Sponsorship of sporting, music, other events; ^e On products such as umbrellas, ashtrays, shopping bags, clothing, or any other products; ^f Promotional vouchers that allow discounts

Figure 33: Differences in self-reported tobacco marketing exposure between country income groups and urban and rural communities

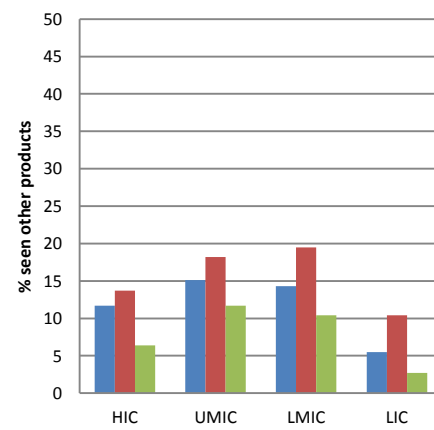


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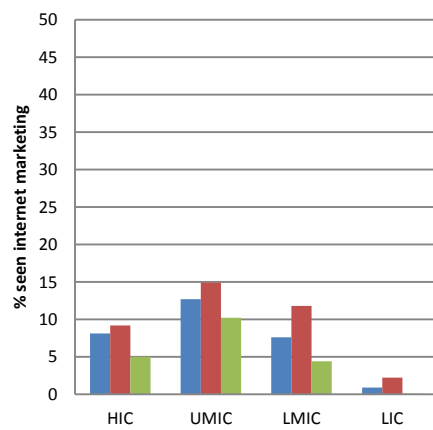
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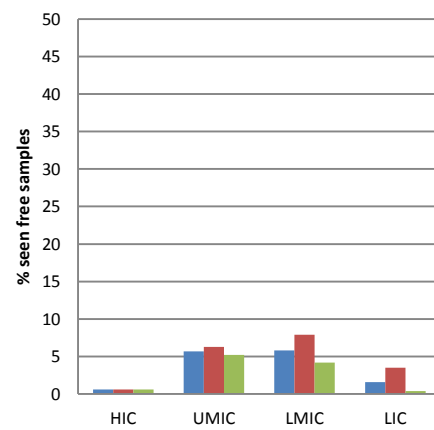
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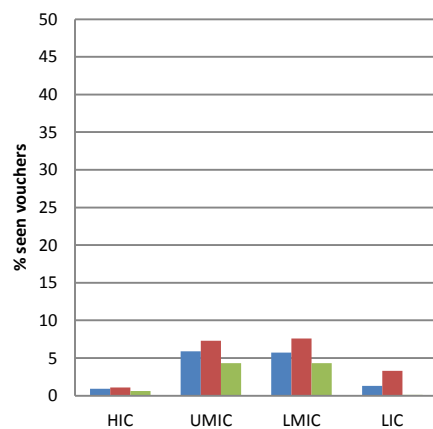
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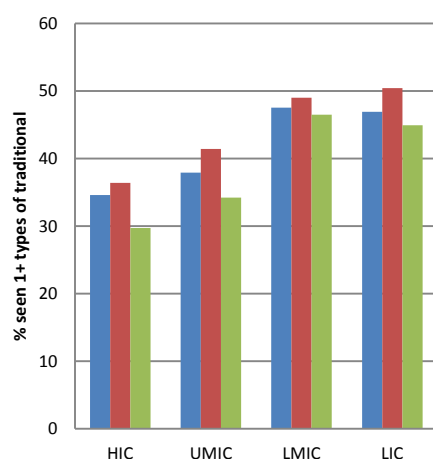
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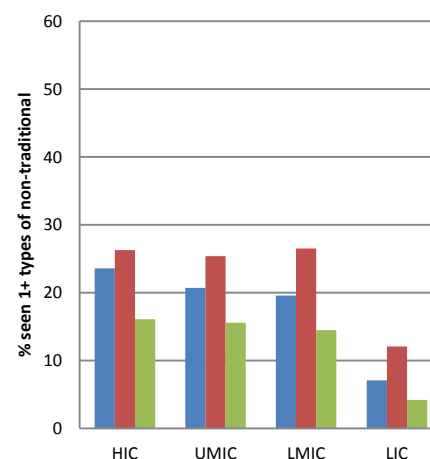
■ All ■ Urban ■ Rural

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L



M



Self-reported marketing: Percentage of individuals reporting A) seeing poster marketing; B) seeing signage marketing; C) seeing TV marketing; D) hearing radio marketing; E) seeing print media marketing; F) seeing cinema marketing; G) seeing sponsorship; H) seeing marketing on other products; I) seeing Internet marketing; J) seeing free samples; K) seeing vouchers; L) seeing 1+ types of traditional marketing; M) seeing 1+ types of non-traditional marketing in previous six months. Each graph presents data by country income group and community type (all communities, and split into urban and rural).

Table 22: Logistic multilevel regression models showing odds ratios for the percentage of individuals who reported seeing each type of tobacco marketing within the previous six months

a: traditional forms of marketing

		Posters	Signage	TV	Radio	Print media	Cinema	1+ traditional
		OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)
Community type	Urban	1	1	1	1	1	1	1
	Rural	0.41 (0.28-0.59)**	0.34 (0.24-0.48)**	0.86 (0.62-1.21)	0.64 (0.40-1.02)	0.54 (0.39-0.75)**	0.49 (0.30-0.78)*	0.72 (0.53-0.98)*
Country income group	HIC	1	1	1	1	1	1	1
	UMIC	2.19 (0.28-16.87)	1.29 (0.18-9.03)	4.19 (0.77-22.84)	9.50 (0.46-195.60)	0.75 (0.12-4.53)	0.70 (0.33-1.50)	1.57 (0.29-8.49)
	LMIC	2.37 (0.22-24.86)	2.16 (0.23-20.09)	3.73 (0.54-26.00)	13.89 (0.42-454.42)	0.43 (0.05-3.45)	1.63 (0.81-3.27)	2.19 (0.32-15.17)
	LIC	11.05 (0.94-129.43)	11.02 (1.07-113.60)*	9.42 (1.21-73.20)*	46.05 (1.29-1642.57)*	1.29 (0.15-11.22)	3.08 (1.46-6.49)*	9.77 (1.24-76.77)*

b: non-traditional forms of marketing

		Sponsorship	Other products	Internet	Free samples	Vouchers	1+ non-traditional
		OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)
Community type	Urban	1	1	1	1	1	1
	Rural	0.35 (0.22-0.56)**	0.32 (0.20-0.54)**	0.45 (0.26-0.78)*	0.37 (0.21-0.66)**	0.28 (0.16-0.51)**	0.38 (0.25-0.59)**
Country income group	HIC	1	1	1	1	1	1
	UMIC	0.57 (0.04-7.71)	0.59 (0.03-12.56)	0.75 (0.06-8.66)	4.03 (0.07-224.84)	1.94 (0.04-88.53)	0.82 (0.07-10.03)
	LMIC	0.91 (0.05-18.13)	1.26 (0.04-42.87)	0.46 (0.03-7.76)	10.20 (0.11-987.76)	10.73 (0.15-774.21)	0.96 (0.05-17.18)
	LIC	1.32 (0.06-29.21)	1.10 (0.03-42.45)	0.06 (0.00-1.47)	10.95 (0.11-1086.21)	1.19 (0.01-120.60)	1.03 (0.05-20.59)

^aModels control for community type, country income group, sex, age, education, smoking status, friends who smoke, Internet access, TV ownership, radio ownership, with a random effect for country and community. 95% CIs also shown

*p<0.05; **p<0.001

Overall self-reported exposure

In total, 45% of individuals across all countries and communities reported exposure to at least 1 type of tobacco marketing over the previous six months (range 4-100%), and 10% reported exposure to at least 5 types (range 0-56%; Table 23). In Sweden, where tobacco control measures (including advertising bans) are rated highly[253], 58% of individuals in urban communities reported seeing at least one type of tobacco marketing and almost 7% reported seeing at least 5 types, and in urban Chile, Malaysia and South Africa, and urban and rural Colombia and Zimbabwe, over 40% of individuals reported seeing five or more types of tobacco marketing in the last six months.

Table 23: Percentage of individuals who reported seeing 0 and 1+ (split into 1-4 and 5+) types of tobacco marketing within the previous six months

Country and community (n)			0 types of marketing	1+ types of marketing	1-4 types	5+ types
All countries	All	(462)	54.76	45.24	35.22	10.01
	Urban	(235)	52.05	47.95	34.89	13.06
	Rural	(227)	57.38	42.62	35.55	7.08
HIGH INCOME COUNTRIES						
Canada	Urban	(31)	61.71	38.29	36.31	1.98
	Rural	(15)	64.79	35.21	33.43	1.78
Sweden	Urban	(20)	41.82	58.18	51.52	6.67
	Rural	(3)	44.05	55.95	53.57	2.38
UAE	Urban	(1)	92.31	7.69	3.85	3.85
	Rural	(2)	85.71	14.29	14.29	0.00
All HIC	All	(72)	57.31	42.69	39.49	3.20
	Urban	(52)	54.89	45.11	41.34	3.77
	Rural	(20)	63.92	36.08	34.43	1.65
UPPER-MIDDLE INCOME COUNTRIES						
Argentina	Urban	(6)	69.59	30.41	29.82	0.58
	Rural	(14)	72.12	27.88	27.88	0.00
Brazil	Urban	(7)	70.30	29.7	28.71	0.99
	Rural	(7)	65.41	34.59	34.59	0.00
Chile	Urban	(2)	0.00	100.00	56.86	43.14
	Rural	(3)	80.26	19.74	19.74	0.00

Malaysia	Urban	(18)	46.53	53.47	13.03	40.44
	Rural	(15)	59.62	40.38	10.75	29.64
Poland	Urban	(1)	42.31	57.69	50.00	7.69
	Rural	(3)	58.73	41.27	39.68	1.59
South Africa	Urban	(3)	17.17	82.83	40.40	42.42
	Rural	(3)	31.58	68.42	45.26	23.16
Turkey	Urban	(25)	63.27	36.73	31.32	5.41
	Rural	(13)	67.23	32.77	29.13	3.64
All UMIC	All	(120)	59.36	40.64	25.57	15.07
	Urban	(62)	55.14	44.86	26.72	18.14
	Rural	(58)	63.95	36.05	24.31	11.73
LOWER-MIDDLE INCOME COUNTRIES						
China	Urban	(39)	43.61	56.39	39.51	16.89
	Rural	(62)	48.63	51.37	46.99	4.38
Colombia	Urban	(31)	22.52	77.48	37.09	40.40
	Rural	(23)	14.96	85.04	29.13	55.91
Iran	Urban	(11)	75.08	24.92	24.92	0.00
	Rural	(9)	95.96	4.04	3.68	0.37
All LMIC	All	(175)	50.39	49.61	39.02	10.59
	Urban	(81)	47.70	52.3	36.52	15.78
	Rural	(94)	52.38	47.62	40.86	6.76
LOW INCOME COUNTRIES						
India	Urban	(37)	53.52	46.48	39.03	7.44
	Rural	(51)	58.43	41.57	39.79	1.78
Pakistan	Urban	(2)	12.28	87.72	52.63	35.09
	Rural	(2)	22.22	77.78	66.67	11.11
Zimbabwe	Urban	(1)	3.85	96.15	46.15	50.00
	Rural	(2)	3.64	96.36	52.73	43.64
All LIC	All	(95)	52.90	47.1	40.87	6.23
	Urban	(40)	49.23	50.77	40.16	10.60
	Rural	(55)	55.03	44.97	41.27	3.70

9.4 Discussion

This study makes a number of important findings in relation to tobacco marketing. First it identifies high levels of ongoing exposure to tobacco marketing despite 14 of the 16 countries in this study having ratified the FCTC (12 of them in 2004/5)

thereby being required to implement comprehensive marketing bans: 10% of all individuals reported seeing five or more types of tobacco marketing in the last six months and 45% recalled seeing at least one form of tobacco marketing. Second, it identifies significantly higher levels of marketing in lower than higher income countries, which supports evidence of the TI specifically targeting L/MICs[418, 566]; these countries are also at an earlier stage of the tobacco epidemic[40, 42] (Figure 3). Once potential confounders were controlled for, marked and highly significant differences in marketing remained. Third, for 12 of 15 measures, marketing exposure was significantly lower in rural than urban communities ranging from 27% (observed outlets) to 71% lower (self-reported vouchers).

The increasing rates of smoking in a number of EPOCH countries in contrast to falling global smoking prevalence[29] makes these findings particularly alarming. For example, recent increases in youth smoking have been observed in Brazil, Poland, Turkey and India[567]. High levels of marketing may reflect failure to enact regulation and/or enforce compliance[407]; even in countries with highly-regarded tobacco control measures such as Sweden[253], Canada[568] and Brazil[569], individuals reported significant exposure to tobacco marketing which suggests that the TI may still be finding ways to market its products. For example, although no adverts were observed in Canada, around 7.5% of individuals reported seeing posters and signage in the previous six months. The greater exposure to traditional marketing in LICs compared to HICs (10 times more) and similar levels of exposure to non-traditional marketing across all country income groups suggests that regulation has been more successful in controlling traditional marketing in HICs, resulting in the TI increasingly having to move to using newer, less regulated forms.

The greater amount of urban marketing is consistent with evidence that the TI focuses its marketing and distribution on areas with the greatest potential impact, i.e. areas with higher density populations[570, 571], and on cost-effective, accessible areas (rural communities can present different challenges than urban ones[554]).

There are some limitations to EPOCH which were outlined in Chapter 8. One of the limitations relates to the representativeness of the included studies; linked to this it is noted that in two of the three LMICs included (China and Iran), the main tobacco company is state-owned[2]. Countries with state-owned monopolies traditionally do not market their products as heavily (as the lack of competition renders it less necessary[34]) and these findings (Table 19 and Table 21) suggest the marketing

environment may be a little different in these countries especially in terms of self-reported marketing in Iran where, compared to other LMICs (and LICs and some UMICs), exposure to most forms of marketing was lower. However, the results appear to be consistent with data from the WHO's GATS which, despite no formal analysis having been completed, shows higher self-reported marketing exposure in lower income countries (with the exception of Russia) and in urban communities[39]. Another limitation related to sample size; linked to this it is noted that the number of countries per country income group, and the small number of communities surveyed in two of the three LICs, may explain the wide CIs seen in some significant LIC to HIC comparisons. Additionally, as only one tobacco-selling store was visited per community during the environmental audit and it is not possible to know whether the selected store was representative of all stores within the community; the statistical analysis therefore did not include the sale of single cigarettes or the existence of POS advertising. Finally, it is possible that the existence of sub-national marketing regulation may explain some of the differences in marketing levels seen between urban and rural communities. The WHO provides information on whether or not a country has sub-national tobacco marketing laws (six of the included 16 countries did)[537] but does not detail what the sub-national law applies to, for example TV or print-media marketing; because of this it was impossible to include it as a potential confounder in the models, or stratify the analysis accordingly.

There are also strengths to EPOCH (outlined in Chapter 8), and also to this particular study. First, the present study is the first to compare the levels of multiple types of observed and self-reported tobacco marketing across such a wide range of countries. And second, although differences in self-reported exposure to marketing will reflect access to certain types of media, Internet access, TV and radio ownership were controlled for in the individual-level models.

Implications for policy

This study has shown that despite the FCTC having been ratified by all but two of the included countries, tobacco marketing remains ubiquitous. Given overwhelming evidence of the importance of TI marketing[17-20] these findings highlight the urgent need for countries to implement and enforce comprehensive controls on tobacco marketing. Exposure to marketing in countries with comprehensive marketing regulation suggests that regulation needs to be actively enforced.

Chapter 10: Tobacco Marketing Regulation and Levels of Tobacco Industry Compliance

10.1 Background

All but two EPOCH countries have ratified the FCTC, and those that have are legally required to implement comprehensive tobacco marketing regulations. Yet Chapter 9 showed that tobacco marketing is ubiquitous, even within countries which have ratified the FCTC. The high levels of marketing observed and self-reported within countries that should have regulation in place is likely to be due to two interconnected reasons – government failure to enforce regulation and/or TI failure to comply. While it would be ideal if the TI simply complied with regulation and governments did not have to spend limited resources on monitoring and enforcement, existing evidence shows that in many countries the TI actively circumvents marketing regulation, especially in new markets or where policy is poorly enforced[35, 176, 193, 438, 449, 572].

Despite sometimes slow or poor implementation, the FCTC is “without question the most powerful tool the international community has to reduce the global NCD burden”[328] yet its impact and that of other marketing regulation relies on TI compliance. Despite the importance of marketing regulation, there is very little literature on the extent to which it is complied with (as was shown in sub-chapter 4.2 Policy Influence and Compliance), although the WHO does provide a country-level compliance score based on expert rankings (outlined in 10.4 Discussion).

This chapter therefore aims to assess the presence of marketing regulation within the EPOCH countries, examine the extent of compliance with regulation, and identify factors which are associated with good compliance. It is hypothesised that the number of pieces of marketing regulation that a country has in place will increase with the length of time since FCTC ratification. All but two of the EPOCH countries which have ratified the FCTC did so in 2004/5 giving them plenty of time to implement regulation by 2010 (when the majority of EPOCH data were collected) and within the five years for implementation that the FCTC allows:

“undertake a comprehensive ban or, in the case of a Party that is not in a position to undertake a comprehensive ban due to its constitution or

constitutional principles, restrict tobacco advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, within a period of five years[324] (emphasis added)

It is also hypothesised that compliance will be poorer in lower income countries primarily due to their lower budgets for monitoring and enforcement, and that higher country income, greater expenditure on health and tobacco control, and good governance (such as low levels of corruption and good government stability), in particular, will be significant factors in good compliance. It is difficult to hypothesise whether compliance will be better in urban or rural communities because, on the one hand it might be expected that compliance will be poorer in rural than urban communities given access difficulties[554] potentially making enforcement harder and relatively less cost effective, but on the other hand it might be expected that compliance will be poorer in urban communities where TI marketing is greatest (as shown in Chapter 9).

This work will be important in identifying countries that need to implement further marketing controls, and countries or community types with poor levels of compliance with existing marketing regulations. This analysis will help policymakers effectively focus resources to better ensure compliance.

10.2 Methodology

10.2.1 Data sources

The same sample size as Chapter 9 was used (see Table 18).

Regulation

Data on the extent and nature of marketing regulation relating to the data collected in EPOCH was obtained from the WHO[537]. Regulatory data regarding the sale of single cigarettes were not available from the WHO[537] and so were gathered from individual country regulatory documents which were predominantly available on the Campaign for Tobacco-Free Kids' Tobacco Control Laws website[573]. Where documents were missing, or where the regulation was not clear, national tobacco control experts were contacted. Regulatory data were obtained for the year 2010 (the year the majority of EPOCH data were collected).

Marketing and compliance

Data covering 12 forms of marketing were obtained from EPOCH: observed outdoor advertising, POS advertising, and the sale of single cigarettes (EPOCH 1), and self-reported advertising on posters, TV, radio, print media, sponsorship, other products with tobacco branding, Internet, free samples, and vouchers (EPOCH 2). Although additional marketing types were included in Chapter 9, only these 12 forms of marketing were used in this analysis as they relate to regulation that the TI could choose to either adhere to or ignore; outlet density was not assessed as it cannot be assumed that industry has control over this, whereas the sale of single cigarettes was included as, although retailers play a significant role in whether or not they are sold, it is also an important TI promotional method particularly in LICs[574-576]. Additionally, signage and cinema marketing are not assessed because no data on regulation were available from the WHO[537] for these forms of marketing. The measures of marketing are the same as those used in Chapter 9 and so will not be outlined in detail again here (see Appendix 3).

These 12 measures of marketing were then linked to national regulation. Information on national regulation in ten marketing areas was required as regulation on 'billboard/outdoor advertising' was compared to both observed outdoor advertising and self-reported exposure to poster marketing, and regulation on 'national and international TV and radio advertising' was compared to both self-reported exposure to TV marketing and self-reported exposure to radio marketing.

National regulation was used in this chapter, but as EPOCH collected data at the community level compliance in both urban and rural communities will be examined.

Explanatory variables

Data on eight explanatory variables – GDP per capita, HDI rank, corruption, government effectiveness, government stability, government expenditure on health, budget for tobacco control, and tobacco production – were collated from the World Bank[540, 577], the UN[578, 579], and the WHO[537]. More information can be found in Appendix 5.

10.2.2 Analysis

Presence of regulation

First the presence of regulation was examined by country, country income group, and by the year in which each country ratified the FCTC. The amount of marketing

regulation in place by a country's FCTC ratification date is potentially interesting as it has been hypothesised that longer FCTC ratification would equate to a country having a greater number of marketing regulations.

Compliance scores

Where a country did have a specific piece of regulation in place, compliance with that regulation was assessed using data on the levels of marketing obtained via EPOCH (presented in Table 19 and Table 21). Compliance was categorised into either 'good' or 'poor' compliance, the exact definition of which varied by measure:

- For the average number of observed adverts:
 - Good compliance: <1 advert observed
 - Poor compliance: 1+ adverts observed
- For all other data (presented as percentages):
 - Good compliance: <10% of selected tobacco stores had POS advertising or sold single cigarettes / <10% of individuals reported seeing marketing (posters, TV, radio, print media, sponsorship, other products with tobacco branding, Internet, free samples, and vouchers)
 - Poor compliance: 10%+ of selected tobacco stores had POS advertising or sold single cigarettes / 10%+ of individuals reported seeing marketing (posters, TV, radio, print media, sponsorship, other products with tobacco branding, Internet, free samples, and vouchers)

Compliance scores were calculated for urban and rural communities within each country (i.e. each country was assigned two scores).

An overall good compliance score (OGCS) was also calculated as an indicator of country-level compliance as follows:

- Number of marketing types subject to regulation – 12 marketing types were included in the analysis (see 10.2.1 Data sources). For each marketing type subject to regulation, a country was categorised as having either good or poor compliance for both urban and rural communities.

- Urban good compliance score (UGCS) – this reflects the proportion of marketing types subject to regulation that had good compliance within urban communities.
- Rural good compliance score (RGCS) – this reflects the proportion of marketing types subject to regulation that had good compliance within rural communities.
- Overall good compliance score (OGCS) – this is the UGCS and RGCS combined into one average measure. If all urban and rural communities had good compliance for all marketing types subject to regulation, then a country would have a score of 100%.

Example

The compliance scores for Brazil were calculated as follows:

- Seven marketing types were subject to regulation in Brazil.
- UGCS: across urban communities, six of the seven marketing types subject to regulation were given a good compliance score. Therefore, the proportion of marketing types subject to regulation that had good compliance (the UGCS) was 86%.
- RGCS: across rural communities, five of the seven marketing types subject to regulation were given a good compliance score. Therefore, the proportion of marketing types subject to regulation that had good compliance (the RGCS) was 71%.
- OGCS: combining the UGCS and RGCS gives Brazil an overall good compliance score (OGCS) of 79%.

Results and the determinants of compliance

For each specific marketing measure, graphs were produced to show the average amount of marketing observed or self-reported within each urban and rural community (as presented in Table 19 and Table 21) with countries split into those with regulation and those without. Within the 'ban' section on each graph, a line is included to show the threshold between good and poor compliance (i.e. above the line is poor compliance). These graphs are used to examine levels of compliance for each marketing measure.

Also for each specific marketing measure, the average amount of observed and self-reported marketing was calculated for countries with a ban in place, those with

a partial ban, and those with no ban in order to provide an overall comparison of marketing levels and to give an indication of whether or not specific marketing bans are sufficiently complied with to make them effective. This was calculated by averaging the EPOCH data collected in all countries and communities in each of these three categories (i.e. not averaging the means presented in Table 19 and Table 21).

The OGCS was then used to examine overall levels of compliance with marketing regulation by country and country income group. Pearson's correlations were also run between the OGCS (continuous) and the following country-level explanatory variables: GDP per capita, HDI rank, corruption, government stability, government effectiveness, government expenditure on health, tobacco control budget per million population, and production of tobacco (all continuous variables; see Appendix 5). These correlations were used to provide an idea of the relationship between overall compliance and a range of explanatory variables. Correlations were calculated in StataMP 12[580], and the correlation coefficients are presented along with corresponding p-values (95% significance).

10.3 Results

10.3.1 Presence of regulation

The number of relevant marketing regulations in place in each country ranged from zero in Zimbabwe to ten in Colombia, out of a possible ten (Figure 34, Table 24). The two countries which had not ratified the FCTC – Argentina and Zimbabwe – had the fewest pieces of marketing regulations in place of all EPOCH countries (Zimbabwe had zero, Argentina had one). China and Pakistan were the only additional countries which had fewer than half of the ten marketing regulations in place (China had two, and Pakistan had four). In two EPOCH countries, China and Iran, the main tobacco company is state-owned[2] and countries with state-owned monopolies traditionally do not market their products as heavily[34], however this does not appear to have influenced the number of marketing regulations in place; China only had two pieces of regulation, whereas Iran had eight. The total number of marketing regulations a country had in place in 2010 did not follow a trend by country income group, although 'HIC' is the only group where all countries had over half of the ten pieces of regulation in place, and the average number of marketing regulations in place is much lower in LICs (4.0) than all other country income groups (LMICs 6.7, UMICs 6.4, HICs 6.3).

Bans on sponsored events and the free distribution of tobacco were the most common marketing regulations, and were both in place in 13 countries (only Argentina, China and Zimbabwe did not have a ban on either), billboard/outdoor advertising was banned in 12 countries (again Argentina, China and Zimbabwe did not have a ban in place, and nor did Pakistan), as was the sale of single cigarettes (the UAE, China, India, and Zimbabwe did not have a ban in place; this was the only form of marketing that was banned in Argentina) (Table 24). The least common marketing ban was on POS marketing; only five countries (the UAE, Malaysia, Turkey, Colombia, and Iran) had a ban in place. Both national and international TV and radio advertising, and local and international newspaper and magazine advertising were banned in seven countries, but many other countries had a partial ban (six countries had a ban on *national* TV and radio advertising but not *international* TV and radio, and six countries had a ban on *local* newspaper and magazine advertising but not *international* newspapers and magazines).

Figure 34: Number of full tobacco marketing bans in place (maximum of 10) by country, 2010

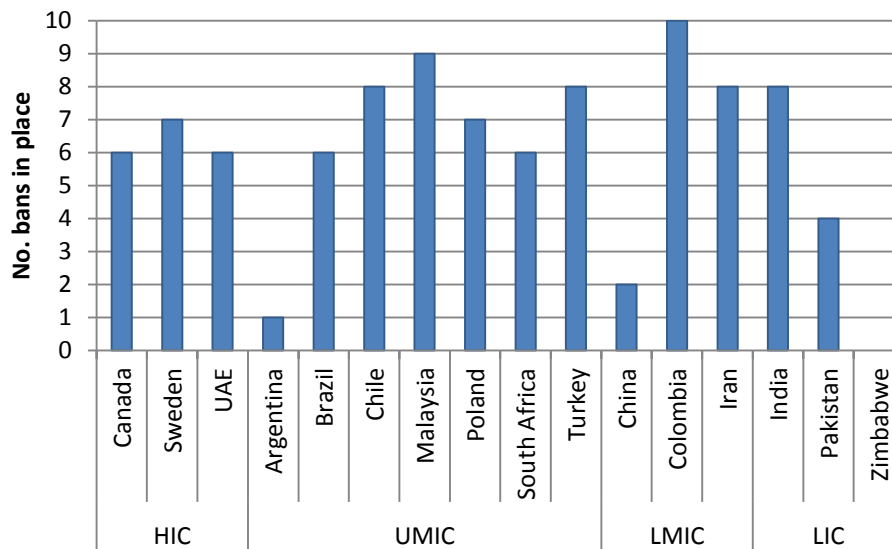


Table 24: Presence of tobacco marketing regulations, 2010

	Single cigarettes ban	Billboard/ outdoor advertising ban	POS advertising ban	National and international TV and radio advertising ban	Local and international newspapers and magazines advertising ban	Sponsored events ban	Non-tobacco products identified with tobacco brand name ban	Internet advertising ban	Free distribution ban	Promotional discounts ban	Total (x/10)
High income countries											
Canada**	√	√	X	X [#]	X ^{##}	√	X	√	√	√	6
Sweden	√	√	X	√	X ^{##}	√	X	√	√	√	7
UAE**	X	√	√	X [#]	X ^{##}	√	√	X	√	√	6
Average number of bans in HICs											6.3
Upper-middle income countries											
Argentina***	√	X	X	X	X	X	X	X	X	X	1
Brazil	√	√	X	X [#]	X ^{##}	√	√	√	√	X	6
Chile	√	√	X	X [#]	√	√	√	√	√	√	8
Malaysia	√	√	√	√	√	√	√	X	√	√	9
Poland	√	√	X	√	X ^{##}	√	X	√	√	√	7
South Africa	√	√	X	X [#]	X ^{##}	√	√	X	√	√	6
Turkey**	√	√	√	√	√	√	X	√	√	X	8
Average number of bans in UMICs											6.4
Lower-middle income countries											
China**	X	X	X	√	√	X	X	X	X	X	2
Colombia	√	√	√	√	√	√	√	√	√	√	10
Iran	√	√	√	X [#]	√	√	√	X	√	√	8
Average number of bans in LMICs											6.7
Low income countries											
India**	X	√	X	√	√	√	√	√	√	√	8
Pakistan	√	X	X	X	X	√	X	X	√	√	4
Zimbabwe*	X	X	X	X	X	X	X	X	X	X	0
Average number of bans in LICs											4.0

*country had not ratified the FCTC

**country also had sub-national laws/regulations in place, but the WHO does not detail what these are regarding[537]

[#]country had a ban on national TV and radio advertising, but not international^{##}country had a ban on local newspapers and magazines advertising, but not international

Argentina and Zimbabwe have not ratified the FCTC and, as expected, these two countries had the fewest number of marketing bans in place of all EPOCH countries (Table 25).

The countries which ratified the FCTC the earliest (in 2004) had a mixed number of bans in place, ranging from just four in Pakistan to eight in India and Turkey. Countries that ratified in 2005 also had a large range of marketing bans in place, ranging from just two in China (the lowest of all EPOCH countries that had ratified the FCTC) to nine in Malaysia. Colombia ratified the FCTC in 2008, the latest of all EPOCH countries, but was the only country to have all ten bans in place.

Table 25: Number of tobacco marketing bans by FCTC ratification date

Country	Number of full marketing bans (maximum of 10), 2010
Ratified FCTC in 2004	
Canada	6
India	8
Pakistan	4
Turkey	8
Ratified FCTC in 2005	
Brazil	6
Chile	8
China	2
Iran	8
Malaysia	9
South Africa	6
Sweden	7
UAE	6
Ratified FCTC in 2006	
Poland	7
Ratified FCTC in 2008	
Colombia	10
FCTC not ratified	
Argentina	1
Zimbabwe	0

10.3.2 Levels of regulatory compliance

10.3.2.1 Level of compliance with observed marketing

Sale of single cigarettes

All but four EPOCH countries banned the sale of single cigarettes (Table 24). Overall, compliance was poor (although fewer selected tobacco stores sold single cigarettes in countries with a ban than those without); on average 31% of selected tobacco stores sold single cigarettes in communities within countries with a ban on the sale of single cigarettes, as did 33% in communities within countries without a ban in place.

Poor compliance was found in both urban and rural communities in two of the seven UMICs with a ban (Argentina and South Africa) and both LMICs with a ban (Colombia and Iran) (Figure 35a). The level of poor compliance ranged from a third of selected tobacco stores selling single cigarettes in urban Argentina and urban and rural South Africa, to 100% in urban and rural Colombia. All six countries with good compliance in both urban and rural communities had perfect compliance (i.e. 0% of the selected tobacco stores sold single cigarettes). Chile and Malaysia were the only countries to have mixed compliance; both had good (perfect) compliance in urban communities, but poor compliance in rural communities.

Tobacco adverts

All but four EPOCH countries had a ban on billboard and outdoor advertising (Table 24). Overall, compliance was poor; on average there were 1.6 tobacco adverts in communities within countries with a ban on billboard and outdoor marketing, compared to 0.6 in communities within countries without a ban in place.

Poor compliance was found in both urban and rural communities in one of six UMICs with a ban (Brazil), one of two LMICs with a ban (Colombia) and the only LIC with a ban (India) (Figure 35b). Brazil had the worst compliance of all countries; 10.4 adverts were observed on average in urban communities and 6.0 in rural communities. Few differences were observed between urban and rural areas with Chile the only country to have mixed compliance; good compliance in urban communities (0.5 adverts) and (just) poor compliance in rural communities (1.0 advert).

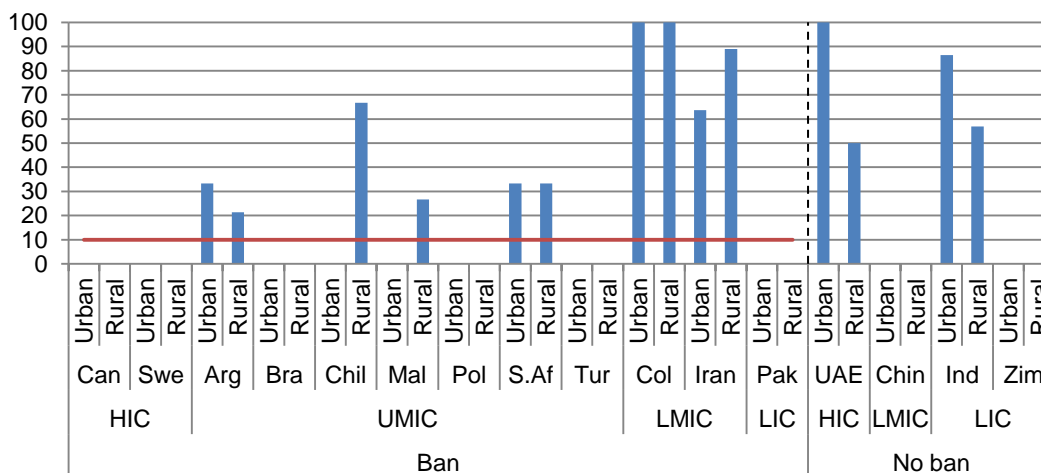
POS advertising

Only five of the 16 EPOCH countries banned POS advertising in 2010 (Table 24). Overall, compliance was poor; on average 37% of selected tobacco stores had POS advertising in communities within countries with a ban on POS advertising, compared to 27% in communities within countries without a ban in place.

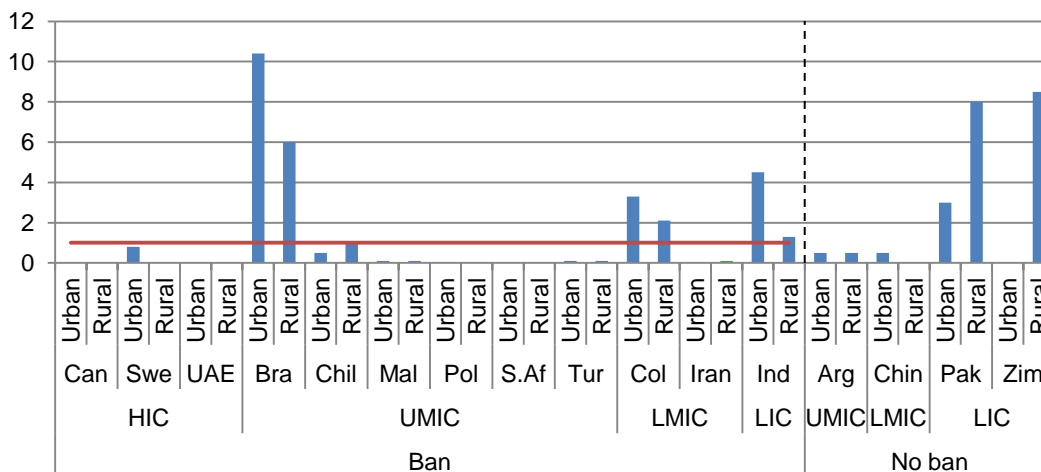
Poor compliance was seen in one of two UMICs with a ban (Malaysia) and one of two LMICs with a ban (Colombia); despite having bans in place over 40% of the selected tobacco stores in urban and rural Malaysia and Colombia had POS advertising (Figure 35c). Turkey and Iran had mixed compliance; urban Turkey had poor compliance and rural Turkey had good compliance, whereas the reverse was true for Iran.

Figure 35: Compliance with observed tobacco marketing

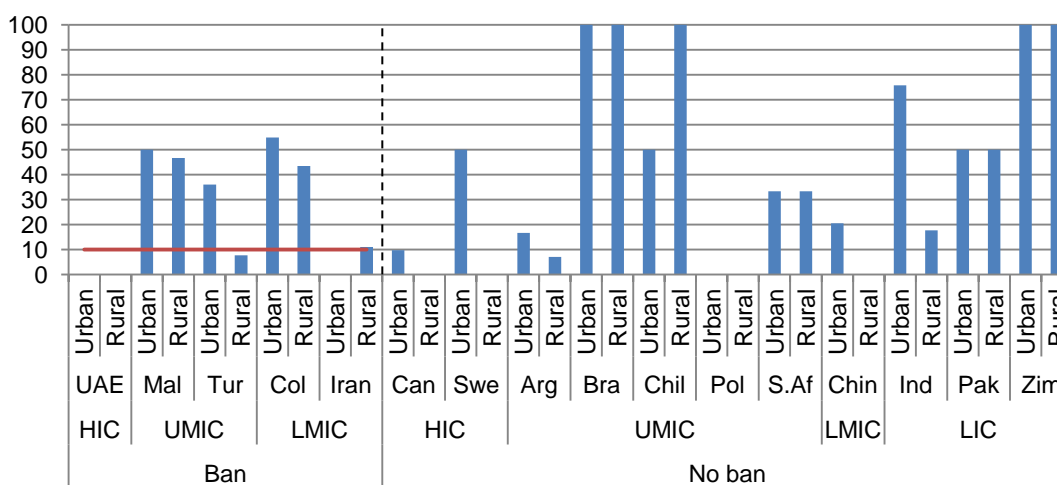
a) Percentage of selected tobacco stores selling single cigarettes, split into countries with and without a ban on the sale of single cigarettes



b) Average number of tobacco adverts, split into countries with and without a ban on billboard and outdoor tobacco advertising



c) Percentage of selected tobacco stores with POS advertising, split into countries with and without a ban on POS tobacco advertising



(the red line represents the poor/good compliance threshold; above the line = poor compliance)

10.3.2.2 Level of compliance with self-reported traditional marketing Posters

All but four countries banned tobacco billboard and outdoor advertising (Table 24). Overall, compliance was poor; on average 21% of individuals reported exposure to tobacco poster marketing in communities within countries with a ban on billboard and outdoor marketing, compared to 18% in communities within countries without a ban in place.

Poor compliance was found in both urban and rural communities in three of the six UMICs with a ban (Malaysia, Poland, and South Africa), one of the two LMICs with a ban (Colombia), and the only LIC with a ban (India) (Figure 36a). The level of poor compliance within these communities ranged from 16% of individuals in rural Poland reporting exposure to tobacco poster marketing in the last six months, to more than 75% in rural Colombia. Sweden, Brazil, Chile and Turkey had mixed compliance; urban communities in Sweden, Chile and Turkey had poor compliance, as did rural Brazil.

TV

Only seven of the 16 EPOCH countries had a national and international TV and radio tobacco advertising ban in place in 2010 (Table 24). Overall, compliance was poor; on average 34% of individuals reported exposure to tobacco TV marketing in communities within countries with a ban on both national and international TV and radio marketing (of all marketing measures, this is the highest average percentage in countries with a ban), compared to 13% in communities within countries with a ban on just national TV and radio marketing, and compared to 30% in communities within countries without a ban in place.

Of the seven countries with a ban, only Sweden (HIC) had good compliance (9.8% individuals in urban communities and 7.1% in rural communities saw tobacco TV advertising in the last six months) (Figure 36b). The poorest compliance was seen in Colombia; 58.3% of individuals in urban communities and 70.1% in rural communities reported seeing TV advertising.

Of the six countries with a ban on national, but not international, TV and radio advertising compliance was mixed. Poor compliance was found in urban and rural communities in all three UMICs with a partial ban (Brazil, Chile, and South Africa), whereas good compliance was found in both HICs (Canada and the UAE) and the one LIC with a partial ban (Iran). Urban Chile had the worst compliance; 100%

individuals reported exposure to TV marketing, but this could have been exposure to marketing on international TV which was not banned.

Radio

Only seven of the 16 EPOCH countries had a national and international, TV and radio tobacco advertising ban in place in 2010 (Table 24). Overall, compliance was poor; on average 14% of individuals reported exposure to tobacco radio marketing in communities within countries with a ban on both national and international TV and radio marketing, compared to 7% in communities within countries with a ban on just national TV and radio marketing, and compared to 12% in communities within countries without a ban in place.

Poor compliance was found in urban and rural communities in one of three UMICs with a ban (Malaysia) and both LMICs with a ban (China and Colombia); the poorest level of compliance was seen in Colombia where 45.0% of individuals in urban communities and 56.7% of individuals in rural communities reported hearing tobacco radio advertising in the last six months (Figure 36c).

Of the six countries with a ban on national, but not international, TV and radio advertising compliance was mixed. Of countries with a partial ban, poor compliance was found in urban and rural communities in one of three UMICs (South Africa). Few differences were identified between urban and rural areas; only Chile had mixed compliance (poor in urban communities, good in rural). Poorest compliance was identified in urban Chile (72.6% individuals reported exposure to radio marketing), but this could have been exposure to marketing on international radio which was not banned.

Print media

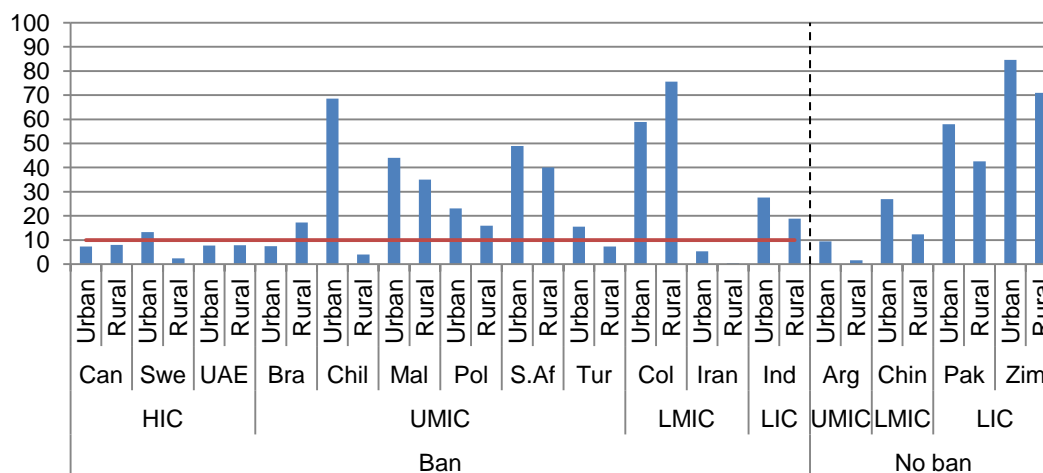
Seven of the 16 countries had a local and national newspaper and magazine tobacco advertising ban in place in 2010 (Table 24). Overall, compliance was again poor (although exposure was lowest within countries with a full ban in place); on average 15% of individuals reported exposure to tobacco print media marketing in communities within countries with a ban on both local and national newspaper and magazine marketing, compared to 24% in communities within countries with a ban on just local newspaper and magazine marketing, and compared to 16% in communities within countries without a ban in place.

Poor compliance in both urban and rural communities was found in one of three UMICs with a ban (Malaysia) and one of three LMICs with a ban (Colombia); over 30% individuals within each community group reported exposure to tobacco print media marketing (Figure 36d). Compliance was mixed in two of three UMICs (Chile and Turkey), one of three LMICs (China), and the one LIC with a ban (India); all had poor compliance in urban communities and good compliance in rural.

Of the six countries with a ban on local, but not national, newspaper and magazine advertising compliance was generally poor. Compliance was poor in both urban and rural communities in two of three HICs with a partial ban (Canada and Sweden), and two of three UMICs with a partial ban (Poland and South Africa). Compliance was mixed in Brazil (UMIC); poor in urban communities and good in rural.

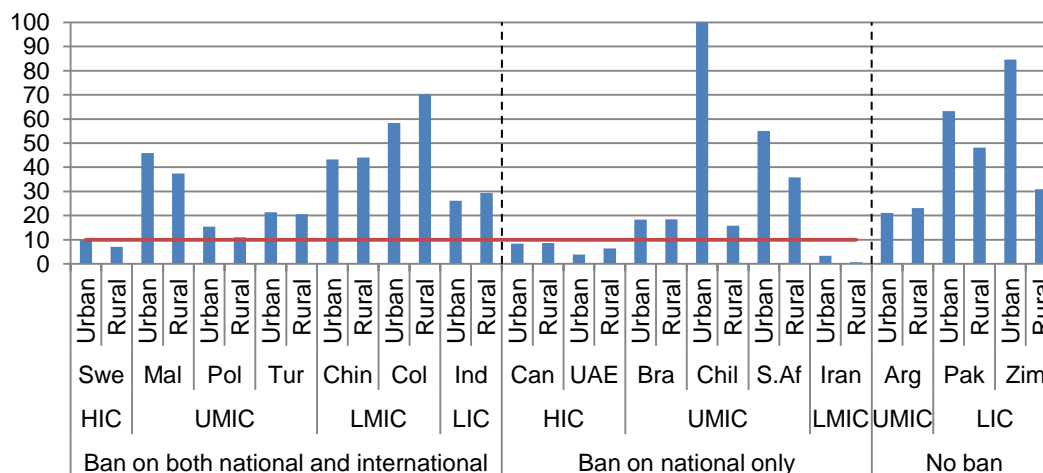
Figure 36: Compliance with self-reported traditional tobacco marketing

a) Percentage of individuals who reported seeing poster tobacco marketing within the previous six months, split into countries with and without a ban on billboard and outdoor tobacco advertising

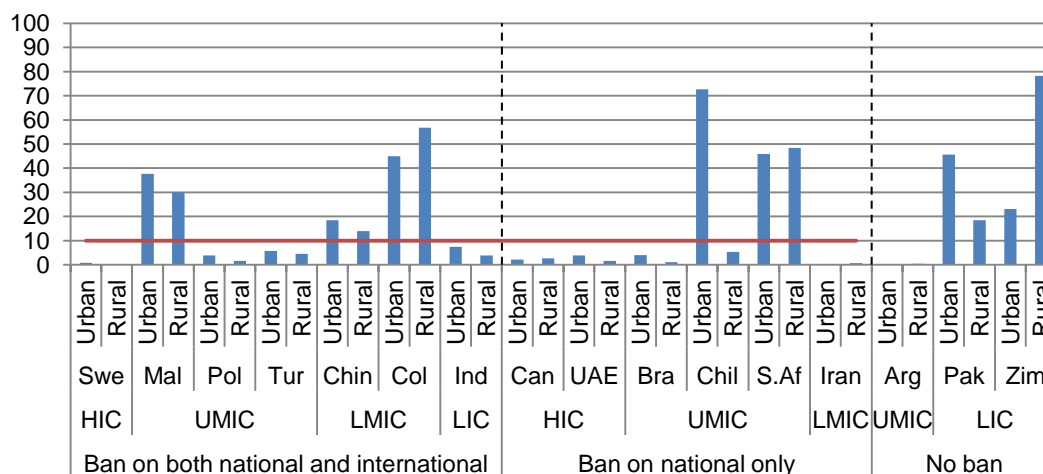


Chapter 10: Tobacco Marketing Regulation and Levels of Tobacco Industry Compliance

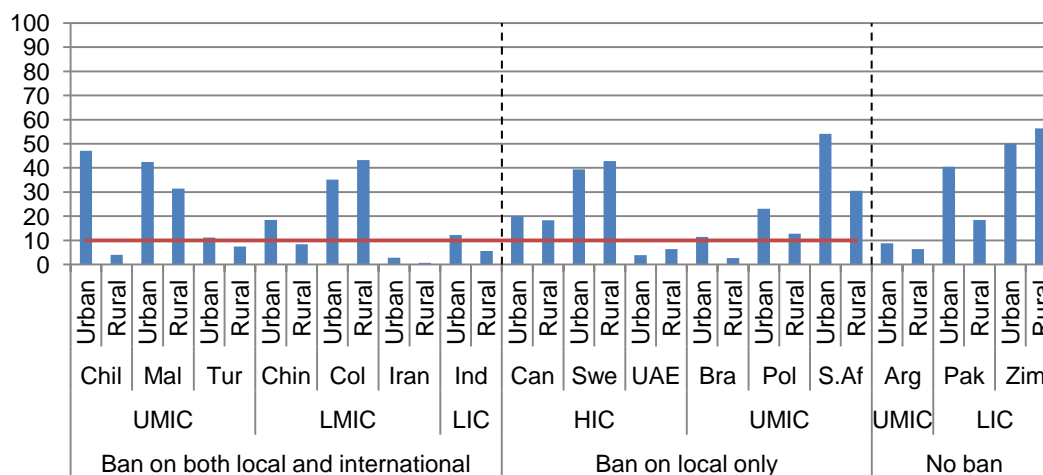
b) Percentage of individuals who reported exposure to TV tobacco marketing within the previous six months, split into countries with a ban on national and international TV and radio tobacco advertising, with a ban on national TV and radio tobacco advertising only, and without a ban



c) Percentage of individuals who reported exposure to radio tobacco marketing within the previous six months, split into countries with a ban on national and international TV and radio tobacco advertising, with a ban on national TV and radio tobacco advertising only, and without a ban



d) Percentage of individuals who reported seeing print media tobacco marketing within the previous six months, split into countries with a ban on local and international newspaper and magazine tobacco advertising, with a ban on local newspaper and magazine tobacco advertising only, and without a ban



(the red line represents the poor/good compliance threshold; above the line = poor compliance)

10.3.2.3 Level of compliance with self-reported non-traditional marketing Sponsorship

All but three countries banned tobacco sponsorship at events (Table 24). Overall, compliance was *just* poor; on average 10% individuals reported exposure to tobacco sponsorship in communities within countries with a ban on event sponsorship, compared to 6% in communities within countries without a ban in place.

Poor compliance was found in both urban and rural communities in one of three HICs with a ban (Canada), two of six UMICs (Malaysia and South Africa), and one of two LMICs with a ban (Colombia); the poorest compliance was seen in Colombia where 38.4% individuals in urban communities reported seeing TI sponsorship, as did 52.0% of those in rural communities (Figure 37a). Few differences were identified between urban and rural areas with only Pakistan showing mixed compliance; urban communities had poor compliance (33.3% individuals reported seeing sponsorship) and rural communities had good compliance (5.6%).

Other products

Eight countries banned non-tobacco products from having tobacco branding (Table 24). Overall, compliance was poor; on average 13% of individuals reported exposure to tobacco marketing on other products in communities within countries with a ban on non-tobacco products being identified with tobacco branding, compared to 12% in communities within countries without a ban in place.

Poor compliance was found in both urban and rural communities in two of four UMICs with a ban (Malaysia and South Africa), and one of two LMICs with a ban (Colombia); poorest compliance was seen in Colombia where 39.7% individuals in urban communities and 52.8% individuals in rural communities reported exposure in the last six months (Figure 37b). Few differences were identified between urban and rural areas with only Chile (UMIC) showing mixed compliance; very poor compliance in urban communities (76.5% individuals reported seeing tobacco branding on non-tobacco products) but good compliance in rural communities.

Internet

Half of the 16 EPOCH countries had a ban on tobacco Internet advertising in place in 2010 (Table 24). Overall, compliance was good; on average 4% of individuals reported exposure to tobacco Internet marketing in communities within countries with a ban on Internet marketing (of all marketing measures, this is the lowest

average percentage in countries with a ban), compared to 12% in communities within countries without a ban in place.

Poor compliance was only found in both urban and rural communities in Sweden (HIC); 16.5% individuals reported exposure to Internet marketing in the last six months as did 10.7% in rural communities (Figure 37c). Mixed compliance was found in two of four UMICs with a ban (Chile and Poland) and the one LMIC with a ban (Colombia); Chile and Poland had poor compliance in urban communities, whereas Colombia had poor compliance in rural communities.

Free samples

All but three EPOCH countries banned the free distribution of tobacco (Table 24). Overall, compliance was good; on average 5% of individuals reported exposure to free tobacco samples in communities within countries with a ban on the free distribution of tobacco, compared to 3% in communities within countries without a ban in place.

Poor compliance was found in urban and rural communities in two of six UMICs with a ban (Malaysia and South Africa) and one of two LMICs with a ban (Colombia) (Figure 37d). Free samples were highly prevalent in Colombia; 35.1% of people in urban communities and 48.8% of those in rural communities reported seeing free samples in the last six months. Only Poland (UMIC) and Pakistan (LIC) had mixed compliance, and both had poor compliance in urban communities.

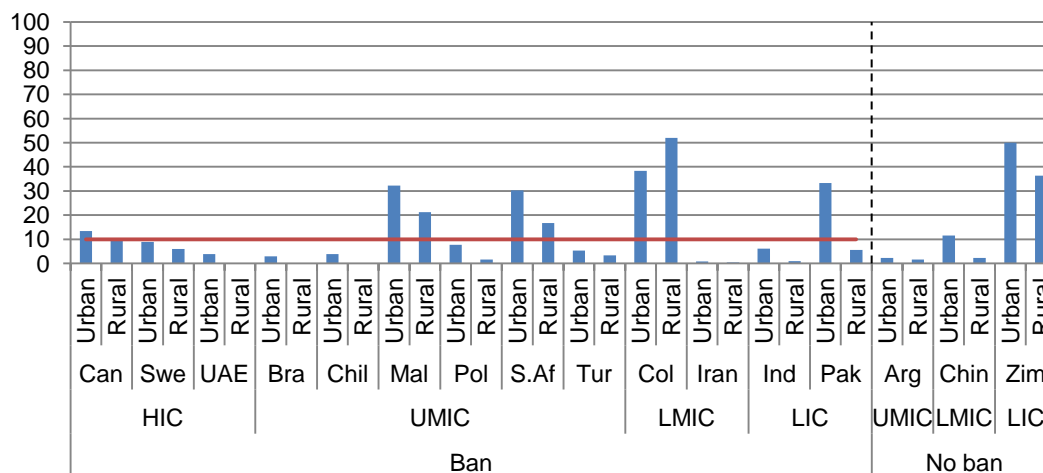
Vouchers

11 EPOCH countries banned promotional discounts (Table 24). Overall, compliance was good; on average 6% of individuals reported exposure to tobacco vouchers in communities within countries with a ban on promotional tobacco discounts, compared to 2% in communities within countries without a ban in place.

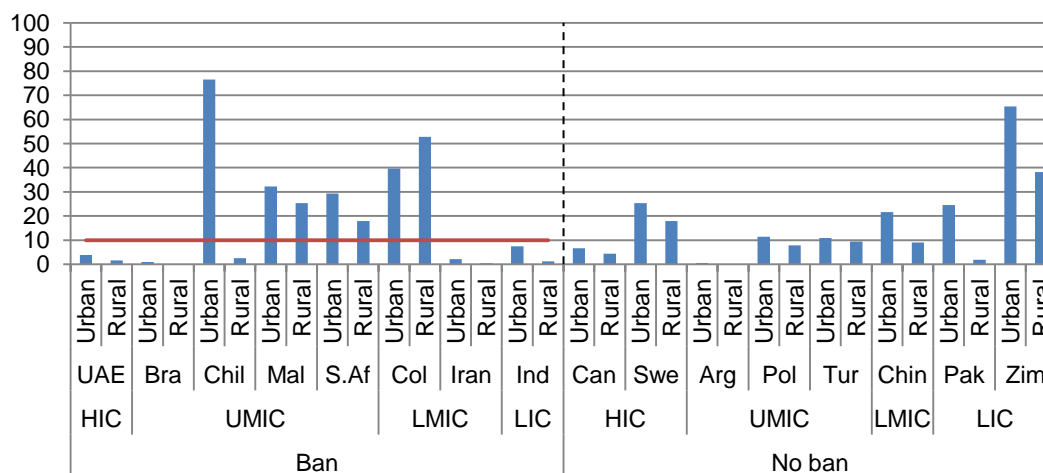
Poor compliance was found in both urban and rural communities in two of four UMICs with a ban (Malaysia and South Africa) and one of two LMICs with a ban (Colombia); Colombia had particularly poor compliance, 35.8% and 50.4% individuals in urban and rural communities respectively reported seeing vouchers in the last six months (Figure 37e).

Figure 37: Compliance with self-reported non-traditional tobacco marketing

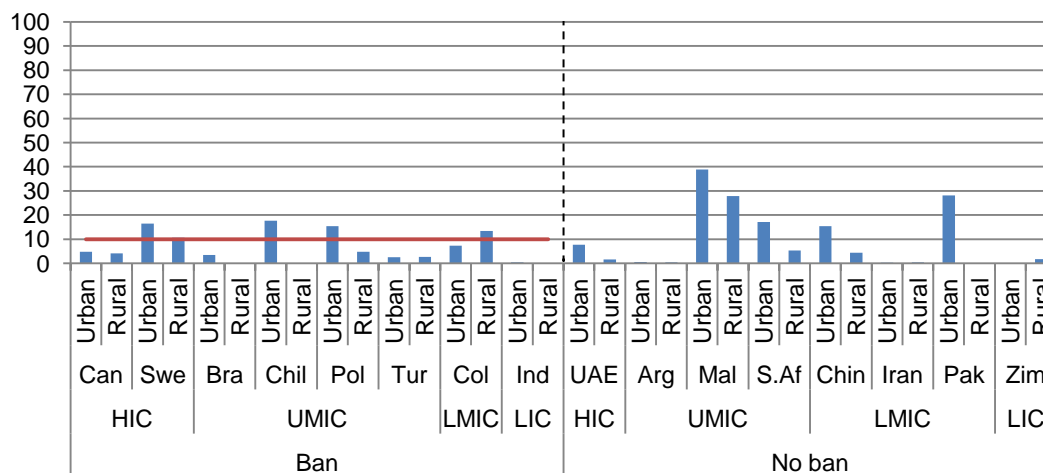
a) Percentage of individuals who reported seeing tobacco sponsorship within the previous six months, split into countries with and without a ban on tobacco sponsored events



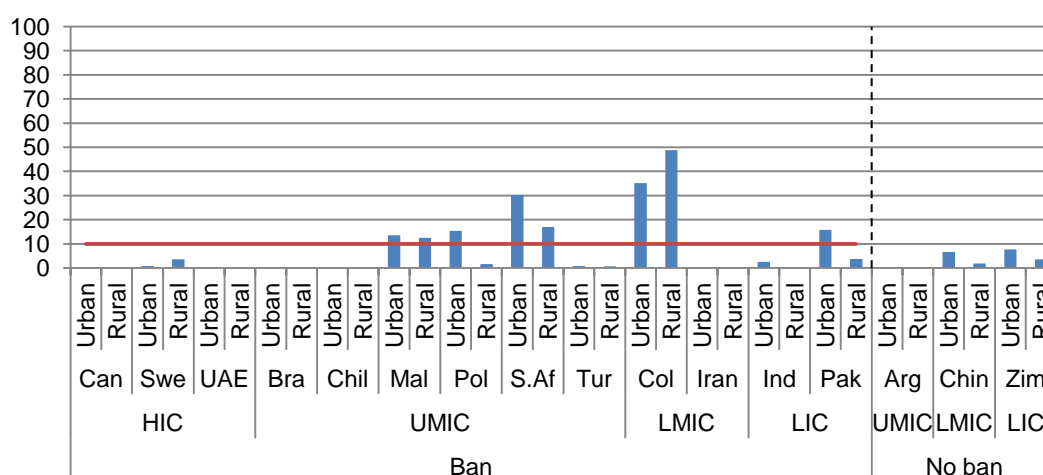
b) Percentage of individuals who reported seeing tobacco marketing on other products within the previous six months, split into countries with and without a ban on non-tobacco products being identified with tobacco branding



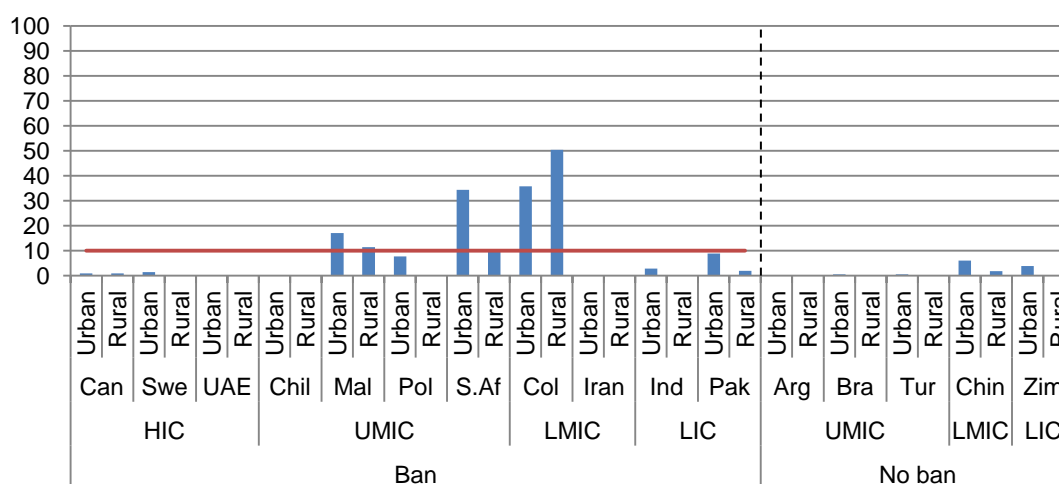
c) Percentage of individuals who reported seeing tobacco advertising on the Internet within the previous six months, split into countries with and without a ban on Internet advertising



d) Percentage of individuals who reported seeing free tobacco samples within the previous six months, split into countries with and without a ban on free distribution of tobacco



e) Percentage of individuals who reported seeing tobacco vouchers within the previous six months, split into countries with and without a ban on promotional tobacco discounts



(the red line represents the poor/good compliance threshold; above the line = poor compliance)

10.3.3 Overall compliance and determinants

This analysis has found that compliance levels with existing bans was mixed, both by country, country income group, and by marketing type/ban. Table 26 provides a summary of overall compliance.

Comparing country income groups, both the urban (UGCS) and rural (RGCS) good compliance scores were highest in HICs (HIC: UGCS 87%, RGCS 91%; UMIC: UGCS 46%, RGCS 56%; LMIC: UGCS 38%, RGCS 33%; and LIC: UGCS 57%, RGCS 79%) showing that urban and rural communities in HICs had the best average compliance. Additionally, in all country income groups, except LMICs, the

RGCS was higher than the UGCS; i.e. compliance was generally better in rural communities than urban communities.

The overall good compliance score (OGCS) is also clearly higher in HICs. HICs had an OGCS of 89%; only self-reported exposure to sponsorship (urban and rural communities) in Canada and self-reported exposure to posters (urban) and Internet (urban and rural) in Sweden had poor compliance. An OGCS of 51% was seen in UMICs, 35% in LMICs, and 68% in LICs. At the country-level, all three HICs and one LMIC (Iran) had very high (over 80%) OGCSs; the UAE had an OGCS of 100%, Canada 86%, and Sweden and Iran both had an OGCS of 83%. This is in comparison to Argentina and Colombia which had OGCSs of 0% and 4% respectively, and South Africa (14%), Malaysia (14%) and China (17%) which also had very low OGCSs.

Table 26: Summary of national compliance with tobacco marketing regulations

		<u>Number of marketing types subject to regulation (/12)*</u>	<u>Urban</u>		<u>Rural</u>		<u>Overall</u>
			Regulated marketing types with good compliance	UGCS	Regulated marketing types with good compliance	RGCS	OGCS
HIC	Canada	7	6	86%	6	86%	86%
	Sweden	9	7	78%	8	89%	83%
	UAE	7	7	100%	7	100%	100%
	HIC total	23/36 (63.9%)	20	87%	21	91%	89%
UMIC	Argentina	1	0	0%	0	0%	0%
	Brazil	7	6	86%	5	71%	79%
	Chile	9	5	56%	7	78%	67%
	Malaysia	11	2	18%	1	9%	14%
	Poland	9	5	56%	7	78%	67%
	South Africa	7	1	14%	1	14%	14%
	Turkey	10	6	60%	9	90%	75%
	UMIC total	54/84 (64.3%)	25	46%	30	56%	51%
LMIC	China	3	0	0%	1	33%	17%
	Colombia	12	1	8%	0	0%	4%
	Iran	9	8	89%	7	78%	83%
	LMIC total	24/36 (66.7%)	9	38%	8	33%	35%
LIC	India	10	6	60%	7	70%	65%
	Pakistan	4	2	50%	4	100%	75%
	Zimbabwe	0	-	-	-	-	-
	LIC total	14/36 (38.9%)	8	57%	11	79%	68%

*these regulations are applied to both urban and rural communities

Each country's OGCS (from Table 26) was then correlated with a range of potential determinants. All of the Pearson correlation coefficients were statistically significant ($p < 0.001$), but all were weak to moderate correlations (Table 27). The weakest correlation was with HDI rank (-0.2291) and the strongest with GDP per capita (0.5007). The correlations show that an increasing OGCS was correlated with an increasing GDP per capita, decreasing HDI ranking (i.e. worse level of development), increasing percentile rank of corruption (i.e. less corrupt), government stability (i.e. more stable) and government effectiveness (i.e. more effective), increasing government expenditure on health as percentage of GDP, increasing tobacco control budget per million population (although this correlation excluded Colombia, Malaysia and the UAE as no budgetary data were available for these countries, see Appendix 5), and decreasing tobacco production.

Table 27: Pearson correlation coefficients between the overall good compliance score for tobacco marketing and a range of potential determinants

	<u>Correlation coef.</u>	<u>p-value</u>
GDP per capita	0.5007	<0.001
HDI rank	-0.2291	<0.001
Corruption	0.4460	<0.001
Government stability	0.3146	<0.001
Government effectiveness	0.3667	<0.001
Government expenditure on health	0.3138	<0.001
Tobacco control budget per million population	0.4676	<0.001
Tobacco production	-0.3994	<0.001

10.4 Discussion

The FCTC appears to have had a positive impact on the extent of marketing regulation, as the two countries which had not ratified the FCTC had the fewest marketing regulations in place. However, the number of marketing regulations that a country had in place did not appear to increase with the number of years since FCTC ratification. Most notable was Colombia which ratified the FCTC in 2008, the latest of all EPOCH countries, and which was the only country to have all ten pieces of marketing regulation in place. This suggests that perhaps countries which ratified the FCTC earlier did so because they already had some regulation in place, whereas countries leaving ratification until later may have implemented marketing regulations in line with the FCTC in one go prior to ratification; it is, for example, noteworthy that Colombia's regulation was very poorly complied with (Colombia had an OGCS of just 4%). Similarly, the extent of marketing regulation did not appear to

be linked with country income group; all three HICs had over half of the bans in place (six or seven out of 10; average of 6.3), compared to between one and nine in UMICs (average of 6.4), two and ten in LMICs (average of 6.7), and zero and eight in LICs (average of 4.0).

The analysis also found that compliance with marketing regulation was mixed and varied by country, country income group, community type, and by marketing type/ban. Overall, only for five of the 12 tobacco marketing types assessed – observed sale of single cigarettes and self-reported exposure to TV, radio, print media, and Internet marketing – were lower levels of marketing seen within countries with a full or partial ban compared to those without a ban. This suggests that either some specific tobacco marketing restrictions are harder to enforce or deliberately not complied with, or perhaps that regulation has recently been introduced in countries with particularly high rates of specific types of marketing and enforcement is still being refined.

The analysis presented in this chapter has also identified some potentially important variables in understanding which factors determine good regulatory compliance – GDP per capita, HDI rank, corruption, government stability, government effectiveness, government expenditure on health, tobacco control budget per million population, and tobacco production. The correlations were as expected, i.e. that the OGCS increased with greater wealth, better governance, greater spending on health and tobacco control, and less reliance on tobacco production, apart from HDI rank which showed that an increasing OGCS was associated with a worse level of development (however the correlation coefficient was very weak; -0.2).

Comparison of the OGCS with the WHO compliance score

Although the measures are not directly comparable, and have been calculated very differently, these compliance findings can be assessed in the context of an existing measure of compliance; the WHO[537] calculate a compliance score for direct and indirect marketing bans for all countries where data are available. Table 28 shows these WHO compliance scores for the EPOCH countries, an average of these scores (calculated as part of this work), and each country's OGCS (Table 26) calculated using the EPOCH data.

14 of the 16 EPOCH countries have a WHO compliance score (there is no score given to Argentina or Zimbabwe). The average WHO compliance score is similar to the OGCS for ten of the 14 countries: two HICs (Canada and Sweden), four UMICs

(Brazil, Chile, Poland and Turkey), two LMICs (China and Iran), and both LICs (India and Pakistan, although there is no WHO compliance score for direct marketing for Pakistan). However the WHO scores are significantly different to the EPOCH OGCSs for the remaining four countries: the UAE's OGCS showed perfect compliance, which is much better than the average WHO score of 60% suggests, whereas Malaysia and South Africa's OGCSs of 14% and Colombia's OGCS of 4% are much worse than the average WHO scores of 85%, 70% and 55%, respectively, suggest.

Table 28: EPOCH compliance with tobacco marketing regulations compared to WHO scores

		<u>WHO compliance score for advertising/promotion/sponsorship bans, 2010*</u>			<u>EPOCH – overall good compliance score (OGCS)</u>
		Direct**	Indirect***	Average****	
HIC	Canada	10	10	10 (100%)	86%
	Sweden	10	8	9 (90%)	83%
	UAE	7	5	6 (60%)	100%
UMIC	Argentina	-	-	-	0%
	Brazil	9	4	6.5 (65%)	79%
	Chile	10	6	8 (80%)	67%
	Malaysia	8	9	8.5 (85%)	14%
	Poland	7	7	7 (70%)	67%
	South Africa	7	7	7 (70%)	14%
	Turkey	8	10	9 (90%)	75%
LMIC	China	5	0	2.5 (25%)	17%
	Colombia	6	5	5.5 (55%)	4%
	Iran	10	10	10 (100%)	83%
LIC	India	6	6	6 (60%)	65%
	Pakistan	-	8	8 (80%)	75%
	Zimbabwe	-	-	-	-

**WHO compliance score calculation - "Compliance with national and comprehensive...advertising, promotion and sponsorship bans (covering both direct and indirect marketing) was assessed by up to five national experts [comprising a senior tobacco control government official, the head of a tobacco control NGO, a health professional specialising in tobacco control, a member of a public health university department, and/or a member of the Tobacco Free Initiative within a WHO country office], who assessed the compliance...as "minimal", "moderate" or "high". "The experts performed their assessments independently. Summary scores were calculated by WHO from the five individual assessments by assigning two points for highly enforced policies, one point for moderately enforced policies and no points for minimally enforced policies, with a potential minimum of 0 and maximum of 10 points in total from these five experts. The compliance assessment was obtained for legislation that had been adopted by 30 June 2010." [581]*

including national TV and radio, international TV and radio, local magazines and newspapers, billboards and outdoor advertising, point of sale, Internet, other direct bans; ***including free distribution, promotional discounts, non-tobacco goods and services identified with tobacco brand names, brand name of non-tobacco products used for tobacco product, appearance of tobacco brands in TV and/or films (product placement), appearance of tobacco products in TV and/or films, sponsored events, other indirect bans; * average calculated for this work, equal weighting given to direct and indirect scores*

Possible reasons for the differences identified include different calculation methods, the range of marketing measures that the scores are based on (the WHO compliance score is based on a slightly larger range of measures than the OGCS, although the OGCS includes the sale of single cigarettes which the WHO measure does not), and the data on which the scores are based upon (the WHO data and calculation is outlined underneath Table 28 and is based upon expert opinion, and the OGCS is derived from aggregate (combined UGCS and RGCS) observed and self-reported data and a definition of good and poor compliance that was defined for this study).

Strengths and limitations

Alongside EPOCH's strengths and limitations outlined in Chapter 8, this particular analysis has some additional limitations. First, the information on marketing regulation gained from the WHO[537] and regulatory documents[573] does not necessarily correlate with the data collected by EPOCH. For example, the sponsorship ban only relates to event sponsorship but EPOCH asked individuals whether they recalled seeing sponsorship of sporting, music or other events, and the WHO data[537] combines TV and radio bans into one, whereas some countries may have had a ban on one and not the other. This could, in some cases, have resulted in 'good' or 'poor' compliance being incorrectly assigned.

Second, this analysis assumes that all marketing observed or self-reported was marketing paid for by the TI. Much Internet marketing, for example, is user-driven (see sub-chapter 3.2.3 The 5P's: Promotion) and may not have originated directly from the TI but may have been recorded by EPOCH. Compliance could therefore have been categorised as poor, but TI Internet marketing may have actually been minimal or non-existent.

Third, differences in compliance between countries were not unexpected, but such large differences in compliance between marketing types/bans within the same country were; it would have been expected that if there was good compliance for one marketing type, good compliance would be seen for other marketing types. This could be due to measurement errors in the EPOCH data collection (as outlined in Chapter 8); where compliance is scored as 'poor' enforcement may be good but exposure may still be reported, for example, the percentage of individuals who reported exposure to radio marketing may be higher than the reality as some individuals may have counted hearing a product discussed by a radio DJ or within the lyrics of a song (as shown in sub-chapter 3.2.3 The 5P's: Promotion) as

marketing exposure, whereas this measure is only meant to capture TI radio advertisements. Although these errors may have affected the reported data and the subsequent compliance categorisation, there is no way of telling if this is the case or which marketing types are captured most accurately.

Forth, the calculation of each country's OGCS was a result of combining the UGCS and RGCS (which were based on the average exposure in all urban communities and the average exposure in all rural communities, as reported in Table 19 and Table 21). This may have produced different results if scores had instead been calculated across all communities within a country, and not split across urban and rural communities. However, an overall score combining the urban and rural scores was chosen for consistency with the results presented in the earlier part of this chapter and Chapter 9, as these separated data into urban and rural communities. Related to this, and as mentioned in Chapter 8, some countries surveyed very few communities meaning that results from just one of these communities could have significantly affected the results shown and therefore the compliance score assigned.

Finally, the boundaries between good and poor compliance, as outlined in the methods, were defined for this study and therefore different boundaries would have yielded different results. The boundaries were, however, selected to be harsh, and the observation of less than one advert on average within urban or rural communities, less than 10% of selected stores selling single cigarettes or having POS advertising, or less than 10% of individuals reporting exposure to different marketing types (good compliance) allows for both measurement error and small amounts of peripheral or unintentional marketing, but not a sustained and purposeful TI marketing campaign.

This analysis also has additional strengths to those outlined in Chapter 8. First, this study is the first to assess levels of regulatory compliance with tobacco marketing regulations using real data, and the first to do so using both observed and self-reported data across such a wide range of countries. Second, the OGCSs were based on observed and self-reported EPOCH data, which is likely to be more accurate than the WHO compliance score which is instead based on scores assigned by a panel of five tobacco control experts. Third, this analysis combined regulation on *national* TV and radio marketing and *international* TV and radio marketing into one measure, and regulation on *local* newspaper and magazine marketing and *international* newspaper and magazine marketing into one measure.

This was in order to try and take account of the effect that international media may have on marketing exposure; only a ban on both local/national and international media can be expected to reduce overall marketing exposure.

Implications for policy

This study has shown that globally the amount of tobacco marketing regulation in each country varied, and that compliance was mostly poor (and exposure to tobacco marketing was commonly higher within countries with a full or partial ban compared to those without).

Given the importance of TI marketing in smoking initiation and prevalence, this study highlights the urgent need for countries to implement and enforce comprehensive national marketing controls and the legally-binding recommendations contained within the FCTC. All but two of the EPOCH countries have ratified the FCTC, and 12 countries ratified the FCTC in 2004 or 2005 giving these countries the five years for implementation that the FCTC allows. The 2012 FCTC progress report shows that multiple Parties have expressed concern with the implementation of restrictions on cross-border marketing and have called for greater international cooperation, and that many Parties have reported that they are finding the enforcement of bans on Internet marketing difficult[402]. It is therefore important that these potential difficulties are highlighted to new Parties, and assistance for effective implementation and enforcement is provided. Additionally, the OGCS was highest in HICs and 'HIC' was the only country income group where all countries within the group had over half of the ten marketing regulations in place. This perhaps suggests that some lower income countries lack capacity to implement and then enforce marketing regulations. The FCTC does, however, recognise and make provisions for these potential difficulties; Article 22 of the FCTC requires Parties to collaborate with one another to "strengthen their capacity to fulfil the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition"[324], and Article 26 requires Parties to "recognize the important role that financial resources play in achieving the objective of this Convention" and that "Parties represented in relevant regional and international intergovernmental organizations, and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention"[324]. It is therefore

important that lower income countries are encouraged to utilise these provisions and that higher income countries provide assistance where possible.

Overall this study has highlighted that implementing regulation is only the first step to controlling TI marketing and that it does not necessarily have an impact within communities unless it is strongly enforced; studying and monitoring compliance is therefore of huge importance in understanding and identifying what is actually occurring on the ground.

Chapter 11: The Alcohol Marketing Environment

11.1 Background

As sub-chapter 2.1 Prevalence of Tobacco and Alcohol Use, and Tobacco and Alcohol's Impact on Health outlined, alcohol use is responsible for 5.9% of deaths globally (an estimated 3.3 million deaths)[73]. It is one of the ten leading causes of death in both HICs and MICs, responsible for 2% (ranked ninth) and 6% (ranked fifth) of deaths respectively, but does not yet feature in the top ten leading causes of death in LICs[9]. Alcohol use also contributes significantly to ill-health, and causes 5.1% of all DALYs globally[73]. It is the second largest cause of DALYs in HICs, (responsible for 7%), the leading cause in MICs (8%), and is the eighth leading cause of DALYs in LICs (2%)[9].

The alcohol 'industrial epidemic'[91, 92] is predominantly spread by AI marketing[21-23, 315] (aiming to connect alcohol with "all the good things in life"[16]). Although there are still a large number of smaller local and national alcohol producers, alcohol is increasingly globalised and branded spirits especially are exported globally[16]. Most modern trade agreements are built on the idea of a global free-trade economy, and as they treat alcohol as any other commodity (i.e. not one that has the potential to damage health) national alcohol control policies aiming to curb the harm caused by alcohol consumption are "under pressure because of decisions at the international level"[14]. Due to globalisation and lack of capacity to regulate alcohol it is predicted that the proportion of DALYs and deaths related to alcohol will continue to increase in MICs and LICs as consumption will increase[341, 582].

Part 1 showed that the products produced by the TI and AI both have a negative impact on health and are marketed in similar ways, and Chapters 5-7 showed that the TI and AI use similar tactics and arguments when attempting to influence policy, however despite these commonalities there is currently no WHO FCTC-equivalent for alcohol. There have been calls from a range of sectors for a comparable treaty (for example a FCAC[338-340])[341], and in 2010 the WHA made an important step forward and adopted the 'Global strategy to reduce the harmful use of alcohol'[65]. However, unlike the FCTC, the Global Strategy only provides guidelines (some of which relate to alcohol marketing) and does not need to be ratified. Understanding

the extent to which, and how, alcohol is marketed is key to mitigating the potentially harmful effects of alcohol use[137], yet, as sub-chapter 3.3 The Extent and Impact of Tobacco and Alcohol Industry Marketing showed, very little is known about levels of marketing globally.

This chapter aims to provide a broad assessment of the global alcohol marketing environment. Due to the large differences in alcohol sales and consumption between HICs, MICs and LICs, and urban and rural communities (as sub-chapter 2.1 Prevalence of Tobacco and Alcohol Use, and Tobacco and Alcohol's Impact on Health showed), all analysis will focus on country income group and urban/rural comparisons. Specifically this chapter aims to determine the extent and nature of alcohol marketing (through both observed and self-reported measures) in order to assess levels of marketing and whether these differ between countries, country income groups, and urban and rural communities. The hypotheses are that marketing levels will be highest in higher income countries given their long history of alcohol use[9, 338], and that more marketing will be seen in urban communities compared to rural communities given higher population densities (and therefore potential for higher return) and easier access[554]. This chapter addresses current gaps in the literature and in doing so will be important in identifying countries or community types with particularly high levels of certain types of marketing.

11.2 Methodology

11.2.1 Data source

Data from the EPOCH study were used for this analysis (see Chapter 8 for study description).

The EPOCH sample used in this thesis includes 16 countries covering all four income groups in the World Bank 2006 classification[536]. However, this study only includes 13 of these countries as three (Iran, Pakistan and the UAE) have very restrictive alcohol policies – Iran forbids the drinking, selling and distribution of alcohol, and in Pakistan and the UAE only non-Muslims are legally allowed to consume alcohol[583-585]. The marketing of alcohol in these countries is also banned to varying degrees[583-585].

11.2.2 Measures of marketing

EPOCH records both 'push' and 'pull' marketing. Push marketing aims to increase product availability[555, 556] and was measured in EPOCH 1 by the number of

alcohol outlets (counted during the 1km walk). Pull marketing encourages customers to seek out a product through advertising and promotion[555, 556] and was measured using both observation via EPOCH 1 (the number of alcohol adverts counted during the 1km walk) and self-report via EPOCH 2 (whether or not individuals recalled seeing tobacco advertising on different types of media in the past six months); see Appendix 6. The Global Strategy makes some recommendations regarding alcohol marketing, but they are mostly non-specific referring instead to “direct or indirect marketing”[65]; a broad range of marketing forms are therefore included in this analysis. The Global Strategy does, however, explicitly mention outlet density and sponsorship, both of which are assessed in this study.

11.2.3 Community-level analysis (EPOCH 1)

Averages of the number of alcohol outlets and adverts per community were calculated for each country and country income group (each split by urban and rural communities). The data were then tabulated and graphed.

To examine differences in the number of observed alcohol outlets and alcohol adverts between urban and rural communities and country income groups negative binomial multilevel regression models were used; statistical tests showed that the outcome data were highly overdispersed (large variance), hence negative binomial regression models rather than Poisson regression models were used. The number of outlets or adverts was the outcome variable, with categorical explanatory variables for country income group (4 categories: HIC, UMIC, LMIC, and LIC) and community type (2 categories: rural and urban), and a random effect for country. IRRs were obtained by exponentiating the regression coefficient and these are presented along with corresponding CIs and p-values (95% significance).

11.2.4 Individual-level analysis (EPOCH 2)

To examine differences in self-reported marketing levels between urban and rural communities and across country income groups 13 binary (yes/no) outcome variables were considered. These included whether or not individuals reported seeing alcohol marketing on 11 different mediums: posters, signage, TV, radio, print media, cinema, sponsorship, on other products, Internet, free samples, and vouchers. The first six and last five marketing types were then also combined into ‘traditional marketing’ and ‘non-traditional marketing’ variables respectively, and the percentage of individuals who saw 0 and 1 or more of these traditional or non-traditional marketing types were tabulated and graphed.

A logistic multilevel regression model was applied to each of the 13 binary outcome measures and included categorical explanatory variables for country income group (4 categories: HIC, UMIC, LMIC, and LIC) and community type (2 categories: rural and urban), and random effects for country and community. Each model was adjusted for potential confounders – sex, age, education, drinking status, having close friends who drink, access to the Internet, TV ownership and radio ownership – to assess whether the differences between communities and country income groups were explained by these covariates (see Appendix 7). Based on existing literature[215, 220, 236, 262, 279-285], all of these factors were deemed potentially important in explaining differences in individuals' exposure to alcohol marketing. ORs are presented along with corresponding CIs and p-values (95% significance).

All of the models were fitted in R 3.0.2, using the `glmmadmb` and `glmer` functions from the `glmmADMB` and `lme4` packages.

11.3 Results

The sample used for the community-level analysis comprises 435 communities in 13 countries, of which 221 were urban communities and 214 rural (Table 29). The number of communities surveyed in each country ranges from just three in Zimbabwe to 88 in India and 101 in China; the large numbers in China and India reflects their population size and diversity[533].

The sample used for the individual-level analysis comprises 10,518 individuals (who resided in the observed communities and were interviewed); 5,219 individuals in urban communities and 5,299 in rural communities. This is a slightly smaller sample than used in the tobacco analysis (Chapter 9) due to the addition of a variable (drinking status) from a separate PURE questionnaire.

Table 29: The EPOCH sample used in the alcohol marketing environment analysis

	Number of communities			Number of participants		
Country	Total	Urban	Rural	Total	Urban	Rural
All countries	435	221	214	10,518	5,219	5,299
HIGH INCOME COUNTRIES						
Canada	46	31	15	1,144	806	338
Sweden	23	20	3	573	489	84
All HIC	69	51	18	1,717	1,295	422
UPPER-MIDDLE INCOME COUNTRIES						
Argentina	20	6	14	539	170	369
Brazil	14	7	7	387	202	185
Chile	5	2	3	126	51	75
Malaysia	33	18	15	1,117	568	549
Poland	4	1	3	89	26	63
South Africa	6	3	3	176	94	82
Turkey	38	25	13	1,207	795	412
All UMIC	120	62	58	3,641	1,906	1,735
LOWER-MIDDLE INCOME COUNTRIES						
China	101	39	62	2,939	1,167	1,772
Colombia	54	31	23	247	128	119
All LMIC	155	70	85	3,186	1,295	1,891
LOW INCOME COUNTRIES						
India	88	37	51	1,901	698	1,203
Zimbabwe	3	1	2	73	25	48
All LIC	91	38	53	1,974	723	1,251

11.3.1 Observed marketing: push

Alcohol outlets

There are marked differences in outlet type and density between countries and country income group (Table 30, Figure 38a). The total number of outlets selling alcohol (general stores and pubs/bars) peaked substantially in LMICs with 4.8 on average per community, compared to 1.6 on average per community in HICs, 2.9 in UMICs and 0.8 in LICs. This large peak in LMICs was due to the higher numbers of general stores selling alcohol; there were 3.8 general stores selling alcohol on average per community in LMICs, compared to 1.6 on average in UMICs and less

than 1 on average per community in HICs (0.9) and LICs (0.5). The number of pubs/bars per community peaked in UMICs (1.3 on average per community), followed by LMICs (1.0), HICs (0.7) and LICs (0.3).

Across all countries combined, general stores selling alcohol were more common in urban (2.4 on average per community) than rural (1.7) communities, as were pubs/bars (1.1 on average per urban community, 0.7 per rural community), although urban/rural differences varied somewhat by country income group (Table 30, Figure 38a).

A multilevel negative binomial regression model controlling for community type and country income group showed that compared to HICs, there were over 4 times more outlets per community in LMICs (IRR=4.07 (95% CI=1.10-15.07), $p=0.036$); the number of outlets in UMICs and LICs were not significantly different ($p>0.05$). Additionally, across all countries there were, on average, 52% fewer outlets selling alcohol in rural than urban communities (IRR=0.48 (CI=0.36-0.63), $p<0.001$; Table 31).

11.3.2 Observed marketing: pull

Community adverts

Alcohol adverts were common in HICs, UMICs and LMICs but were almost non-existent in LIC communities; 4.1 adverts were observed on average per community in HICs, 4.0 in UMICs, 6.9 in LMICs, compared to just 0.7 on average per community in LICs (Table 30, Figure 38b). Across all country income groups adverts were more common in urban (5.9 per community) than rural communities (2.7).

A multilevel negative binomial regression model controlling for community type and country income group showed that compared to HICs, the number of adverts in UMICs, LMICs and LICs was not significantly different ($p>0.05$), but across all countries there were, on average, 61% fewer adverts in rural than urban communities (IRR=0.39 (CI=0.29-0.53), $p<0.001$; Table 31).

Table 30: Observed levels of push and pull alcohol marketing

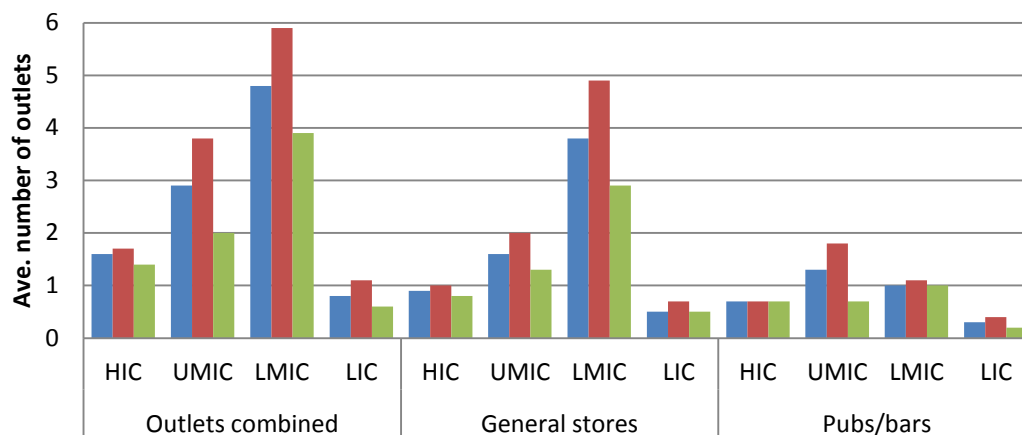
Country and community (n)			<u>Push marketing</u>			<u>Pull marketing</u>
			Average number of outlets selling alcohol			Average number of alcohol adverts
			Average number of alcohol outlets (general stores and pubs/bars)	Average number of general stores selling alcohol	Average number of pubs/ bars	
All countries	All (435)		2.9	2.1	0.9	4.3
	Urban (221)		3.5	2.4	1.1	5.9
	Rural (214)		2.4	1.7	0.7	2.7
HIGH INCOME COUNTRIES						
Canada	Urban (31)		2.2	1.4	0.8	4.1
	Rural (15)		1.6	0.8	0.8	1.4
Sweden	Urban (20)		0.9	0.4	0.5	6.1
	Rural (3)		0.7	0.7	0	4.3
All HIC	All (69)		1.6	0.9	0.7	4.1
	Urban (51)		1.7	1.0	0.7	4.9
	Rural (18)		1.4	0.8	0.7	1.9
UPPER-MIDDLE INCOME COUNTRIES						
Argentina	Urban (6)		4.0	2.7	1.3	2.0
	Rural (14)		2.9	2.0	0.9	0.8
Brazil	Urban (7)		9.9	0.3	9.6	13.6
	Rural (7)		4.6	1.0	3.6	7.1
Chile	Urban (2)		0.5	0	0.5	3.5
	Rural (3)		2.3	1.7	0.7	2.7
Malaysia	Urban (18)		3.2	2.0	1.2	2.1
	Rural (15)		1.6	1.6	0	1.8
Poland	Urban (1)		8.0	6.0	2.0	6.0
	Rural (3)		1.3	1.0	0.3	2.3
South Africa	Urban (3)		2.3	1.0	1.3	2.0
	Rural (3)		2.0	1.7	0.3	2.3
Turkey	Urban (25)		2.7	2.4	0.3	7.6
	Rural (13)		0.2	0.2	0	1.0
All UMIC	All (120)		2.9	1.6	1.3	4.0
	Urban (62)		3.8	2.0	1.8	5.7

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	Rural	(58)	2.0	1.3	0.7	2.1
LOWER-MIDDLE INCOME COUNTRIES						
China	Urban	(39)	3.9	3.6	0.4	8.0
	Rural	(62)	0.9	0.9	0.0	2.7
Colombia	Urban	(31)	8.4	6.5	1.9	11.9
	Rural	(23)	12.0	8.5	3.5	9.6
All LMIC	All	(155)	4.8	3.8	1.0	6.9
	Urban	(70)	5.9	4.9	1.1	9.7
	Rural	(85)	3.9	2.9	1.0	4.5
LOW INCOME COUNTRIES						
India	Urban	(37)	1.1	0.7	0.4	0.8
	Rural	(51)	0.3	0.3	0.0	0.0
Zimbabwe	Urban	(1)	0	0	0	0
	Rural	(2)	7.5	4.5	3.0	15.0
All LIC	All	(91)	0.8	0.5	0.3	0.7
	Urban	(38)	1.1	0.7	0.4	0.8
	Rural	(53)	0.6	0.5	0.2	0.6

Figure 38: Differences in observed alcohol marketing exposure between country income groups and urban and rural communities

A



B

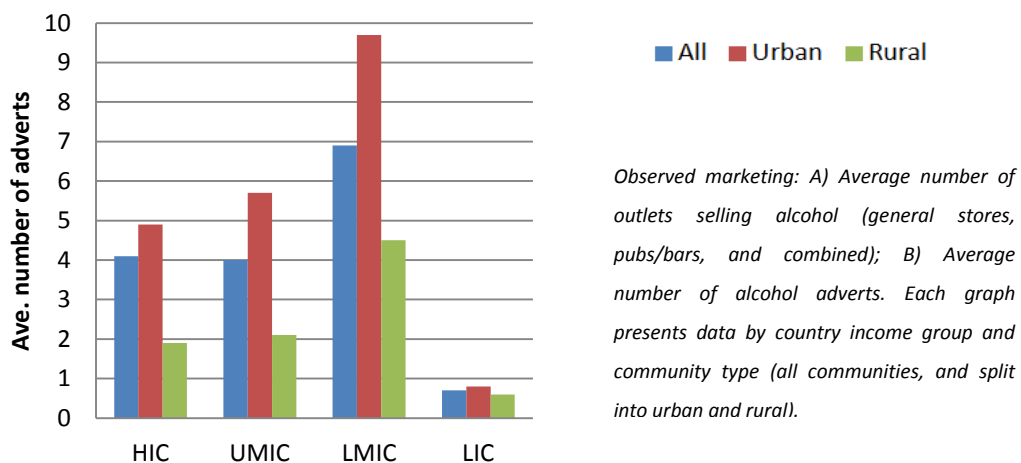


Table 31: Negative binomial multilevel regression models showing incidence rate ratios for the observed levels of push and pull alcohol marketing

		<u>Push marketing: Average number of alcohol outlets (general stores & pubs/bars)</u>	<u>Pull marketing: Average number of alcohol adverts</u>
		IRR^a (95% CI)	IRR^a (95% CI)
Community type	Urban	1	1
	Rural	0.48 (0.36-0.63)**	0.39 (0.29-0.53)**
Country income group	HIC	1	1
	UMIC	2.52 (0.83-7.60)	0.99 (0.26-3.77)
	LMIC	4.07 (1.10-15.07)*	2.16 (0.43-10.82)
	LIC	1.37 (0.33-5.65)	0.47 (0.09-2.57)

^aIRRs were obtained by exponentiating the regression coefficient. Models control for community type and country income group, with a random effect for country. 95% CIs also shown

*p<0.05; **p<0.001

11.3.3 Self-reported marketing: pull

Traditional marketing

Across country income groups, individuals in HICs were most likely (apart from TV and radio for which individuals in LMICs were most likely) and individuals in LICs were least likely to report exposure to each form of traditional marketing (Table 32, Figure 39a-f, Figure 39). TV marketing was the most common form of traditional marketing seen (56.8% individuals reported seeing TV marketing in the previous six months) followed by print media (34.5%), posters (33.8%), signage (31.1%), radio (19.0%), and cinema marketing (7.1%). All forms of traditional marketing and exposure to at least one form were less common in rural than urban communities.

Multilevel logistic regression models controlling for potential confounders including TV and radio ownership showed the odds of individuals seeing at least one form of traditional marketing were not significantly different between country income groups when comparing to HICs ($p>0.05$; Table 33a). However, compared to HICs, the odds of exposure were significantly lower for print media marketing in LICs (94% lower; OR=0.06 (CI=0.01-0.57), $p=0.015$), and the odds of exposure were

significantly lower for cinema marketing in UMICs (89% lower; OR=0.11 (CI=0.06-0.20), $p<0.001$), LMICs (52% lower; OR=0.48 (CI=0.27-0.85), $p=0.012$), and LICs (86% lower; OR=0.14 (CI=0.07-0.29), $p<0.001$) (Table 33a). The remaining country income group comparisons to HICs were not significant ($p>0.05$).

These same logistic regression models also showed that compared to urban residents, the odds of individuals in rural communities reporting exposure to at least one form of marketing were significantly lower (55% lower; OR=0.45 (CI=0.31-0.64), $p<0.001$) as were all of the six traditional marketing types measured – poster (72% lower; OR=0.28 (CI=0.18-0.42), $p<0.001$), signage (73% lower; OR=0.27 (CI=0.18-0.41), $p<0.001$), TV (49% lower; OR=0.51 (CI=0.38-0.70), $p<0.001$), radio (44% lower; OR=0.56 (CI=0.37-0.84), $p=0.005$), print media (65% lower; OR=0.35 (CI=0.25-0.49), $p<0.001$), and cinema (64% lower; OR=0.36 (CI=0.23-0.57), $p<0.001$; Table 33a).

Non-traditional marketing

Non-traditional marketing was considerably less frequently observed than traditional marketing. Alcohol marketing on other products (such as umbrellas) was the most common form of non-traditional marketing (21.5% individuals reported seeing marketing on other products), followed by sponsorship (18.2%), Internet marketing (14.5%), vouchers (10.7%), and free samples (8.1%; Table 32, Figure 39g-k). Again, across country income groups, individuals in HICs were most likely and individuals in LICs were least likely to report exposure to each form of non-traditional marketing (Figure 39m), and all forms of traditional marketing and exposure to at least one form were less common in rural than urban communities.

Multilevel logistic regression models controlling for potential confounders, including Internet access, showed that the odds of individuals seeing at least one form of non-traditional marketing were not significantly different between country income groups when comparing to HICs ($p>0.05$; Table 33b). However, compared to HICs, the odds of exposure to Internet marketing were significantly lower in UMICs (79% lower; OR=0.21 (CI=0.06-0.72), $p=0.013$) and LICs (99% lower; OR=0.01 (CI=0.00-0.03), $p<0.001$), as were the odds of exposure to free samples and vouchers in LICs (97% lower; OR=0.03 (CI=0.00-1.02), $p=0.052$; and 98% lower; OR=0.02 (CI=0.00-0.41), $p=0.012$) (Table 33b). The remaining country income group comparisons to HICs were not significant ($p>0.05$).

These same logistic regression models also showed that compared to urban residents, the odds of individuals in rural communities reporting exposure to at least one form of non-traditional marketing were significantly lower (78% lower; OR=0.22 (CI=0.14-0.32), $p<0.001$) as were all of the five non-traditional marketing types measured – sponsorship (77% lower; OR=0.23 (CI=0.15-0.35), $p<0.001$), on other products (71% lower; OR=0.29 (CI=0.20-0.44), $p<0.001$), Internet (77% lower even after controlling for Internet access; OR=0.23 (CI=0.14-0.38), $p<0.001$), free samples (73% lower; OR=0.27 (CI=0.17-0.40), $p<0.001$), and vouchers (70% lower; OR=0.30 (CI=0.20-0.45), $p<0.001$; Table 33b).

Table 32: Percentage of individuals who reported seeing each type of alcohol marketing within the previous six months

Country and community type (number of individuals)			Traditional marketing							Non-traditional marketing					
			Posters ^a	Signage ^b	Television	Radio	Print media ^c	Cinema	Seen 1+ type of 'traditional'	Sponsorship ^d	Other products ^e	Internet	Free samples	Vouchers ^f	Seen 1+ types of 'non-traditional'
All countries	All	(10,518)	33.8	31.1	56.8	19.0	34.5	7.1	67.3	18.2	21.5	14.5	8.1	10.7	32.4
	Urban	(5,219)	45.0	39.8	60.9	22.5	47.9	10.6	74.7	26.3	30.5	21.8	12.0	15.1	46.2
	Rural	(5,299)	22.8	22.6	51.8	15.7	21.3	3.6	60.0	10.2	12.6	7.3	4.3	6.4	18.9
HIGH INCOME COUNTRIES															
Canada	Urban	(806)	61.5	51.2	80.8	34.0	81.5	14.0	94.7	56.2	46.7	29.9	22.2	23.5	75.2
	Rural	(338)	53.3	45.0	77.5	32.8	73.1	11.2	90.8	50.0	42.9	25.4	15.7	23.4	64.5
Sweden	Urban	(489)	30.7	20.3	64.8	6.6	82.2	14.8	91.0	25.3	32.0	36.2	6.4	7.0	55.7
	Rural	(84)	14.5	14.5	63.9	9.6	85.5	8.4	91.6	14.5	25.3	27.7	2.4	2.4	37.4
All HIC	All	(1,717)	48.9	39.4	74.8	24.8	80.2	13.4	92.7	44.2	40.7	30.7	15.5	17.7	65.7
	Urban	(1,295)	49.9	39.6	74.7	23.7	81.8	14.3	93.3	44.6	41.1	32.3	16.2	17.2	67.9
	Rural	(422)	45.6	39.0	74.8	28.3	75.5	10.7	91.0	43.0	39.4	25.9	13.1	19.2	59.1
UPPER-MIDDLE INCOME COUNTRIES															
Argentina	Urban	(170)	42.4	45.3	90.0	2.9	31.8	0	92.4	1.8	0	1.8	0	4.1	7.7
	Rural	(369)	4.6	46.6	85.9	1.1	23.0	0	87.8	0.5	0	0.5	0	3.8	4.9
Brazil	Urban	(202)	55.0	6.9	92.1	16.8	76.7	7.4	95.5	20.8	5.9	19.3	1.5	1.5	37.6

	Rural	(185)	31.9	1.6	89.7	6.0	35.1	0	92.4	3.2	0	0	0	0	3.2
Chile	Urban	(51)	19.6	52.9	100.0	39.2	21.6	0	100.0	11.8	66.7	17.7	5.9	7.8	66.7
	Rural	(75)	38.7	30.7	78.7	37.3	32.0	0	86.7	4.0	9.3	4.0	2.7	1.3	14.7
Malaysia	Urban	(568)	38.7	33.6	39.4	32.0	41.2	7.4	48.8	23.6	29.4	40.1	4.4	9.2	41.6
	Rural	(549)	30.6	29.1	31.3	26.6	31.3	3.6	37.0	21.0	22.2	28.8	5.8	12.0	32.1
Poland	Urban	(26)	34.6	34.6	61.5	26.9	46.2	15.4	65.4	38.5	26.9	11.5	0	15.4	46.2
	Rural	(63)	38.1	34.9	57.1	17.5	33.3	17.5	65.1	30.2	34.9	15.9	4.8	15.9	39.7
South Africa	Urban	(94)	74.5	79.8	87.2	66.0	81.9	26.6	97.9	56.4	63.8	33.0	56.4	63.8	84.0
	Rural	(82)	61.0	63.4	90.2	73.2	48.8	3.7	95.1	26.8	32.9	2.5	24.4	22.0	56.1
Turkey	Urban	(795)	24.5	35.2	22.8	2.5	27.8	1.6	55.7	13.3	23.9	6.5	4.9	2.8	27.9
	Rural	(412)	7.8	13.8	16.3	1.9	17.2	0.5	38.1	5.6	8.5	2.9	0.7	0.2	11.4
All UMIC	All	(3,641)	29.3	31.9	49.0	16.4	34.1	3.7	62.3	14.9	18.8	15.2	5.0	7.2	27.5
	Urban	(1,906)	36.0	35.3	46.9	17.3	40.1	5.2	64.5	18.6	24.7	19.2	6.5	8.0	35.3
	Rural	(1,735)	21.8	28.2	51.4	15.5	27.6	2.1	59.9	11.0	12.3	10.8	3.5	6.3	19.0
Lower-Middle Income Countries															
China	Urban	(1,167)	64.7	55.3	88.5	34.5	43.3	18.7	91.4	28.5	40.3	28.7	19.8	31.1	60.3
	Rural	(1,772)	21.8	19.6	73.6	16.8	12.2	4.3	77.9	3.6	9.7	4.3	3.1	5.0	16.2
Colombia	Urban	(128)	78.9	74.2	93.0	75.8	58.6	6.3	97.7	42.2	50.8	10.9	43.0	32.0	60.9
	Rural	(119)	78.2	68.9	86.6	75.6	58.8	10.9	95.0	63.0	61.3	10.9	47.9	47.9	70.6
All LMIC	All	(3,186)	41.9	36.7	80.3	27.9	27.2	9.9	84.3	16.5	24.5	13.7	12.5	17.2	36.2
	Urban	(1,295)	66.1	57.1	88.9	38.6	44.8	17.4	92.0	29.9	41.4	26.9	22.1	31.2	60.4
	Rural	(1,891)	25.3	22.7	74.4	20.5	15.2	4.7	78.9	7.4	13.0	4.7	5.9	7.7	19.6
Low Income Countries															

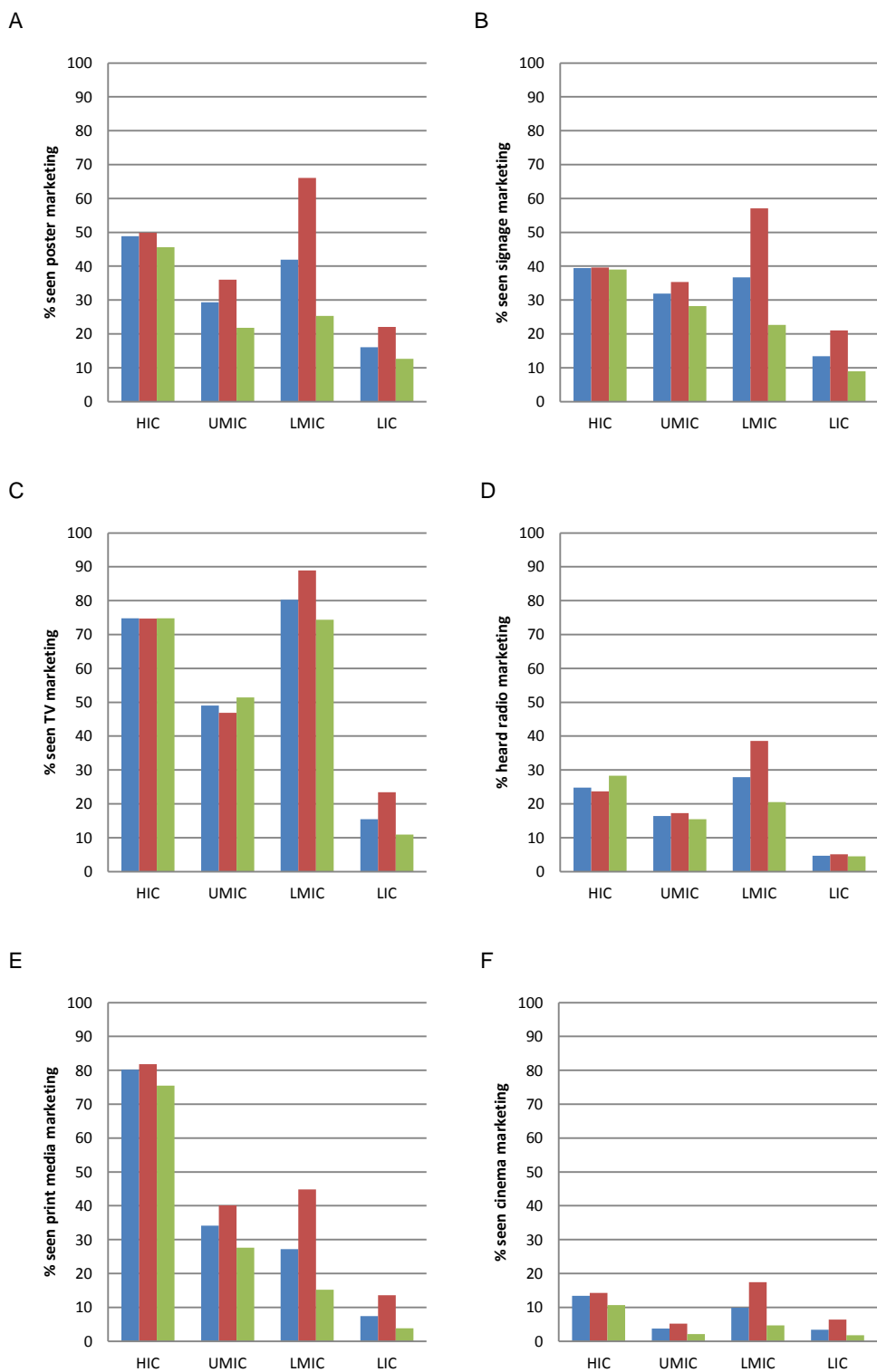
India	Urban	(698)	19.9	19.5	20.6	4.0	11.5	6.2	35.1	5.9	5.4	0.9	1.2	1.2	8.7
	Rural	(1,203)	10.0	6.4	9.7	1.7	1.6	1.8	18.7	0.3	1.8	0.1	0.1	0.1	2.0
Zimbabwe	Urban	(25)	84.0	64.0	100.0	36.0	72.0	12.0	100.0	64.0	64.0	4.0	0	4.0	68.0
	Rural	(48)	77.1	75.0	39.6	75.0	58.3	0	85.4	47.9	43.8	0	2.1	0	54.2
All LIC	All	(1,974)	16.1	13.4	15.5	4.7	7.4	3.4	27.2	4.3	4.9	0.4	0.5	0.5	6.5
	Urban	(723)	22.1	21.0	23.4	5.1	13.6	6.4	37.3	7.9	7.5	1.0	1.1	1.2	10.8
	Rural	(1,251)	12.6	9.0	10.9	4.5	3.8	1.8	21.3	2.2	3.4	0.1	0.2	0.1	4.0

^a Posters (for example billboards, pasted on walls, visible on the sides of taxis, buses etc); ^b Permanently sponsored signage on shops or other buildings; ^c

Print media such as newspapers/magazines; ^d Sponsorship of sporting, music, other events; ^e On products such as umbrellas, ashtrays, shopping bags,

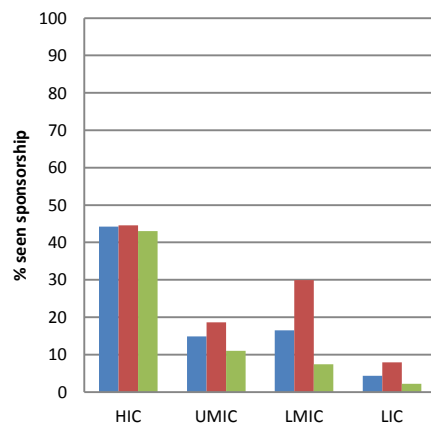
clothing, or any other products; ^f Promotional vouchers that allow discounts

Figure 39: Differences in self-reported alcohol marketing exposure between country income groups and urban and rural communities

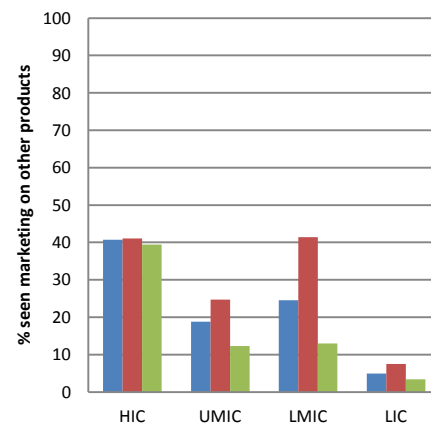


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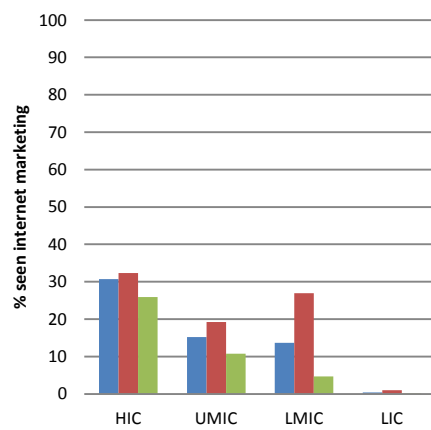
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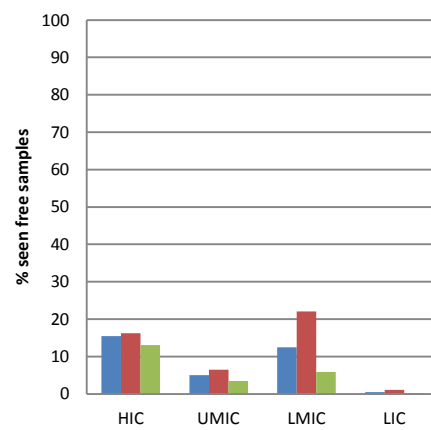
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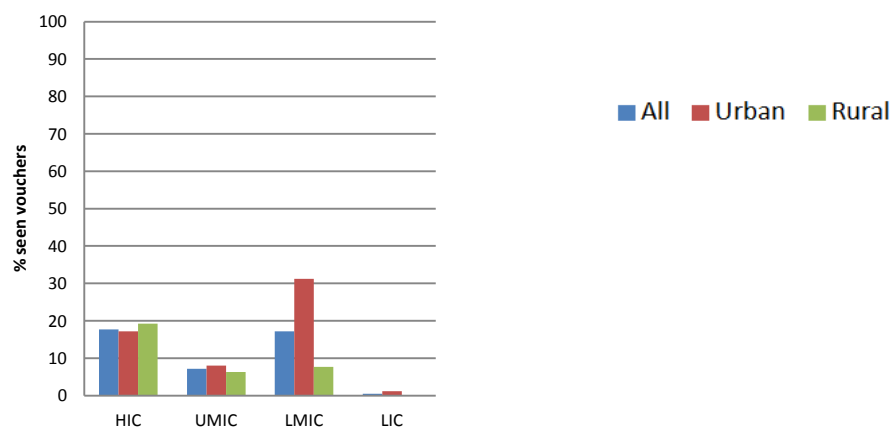
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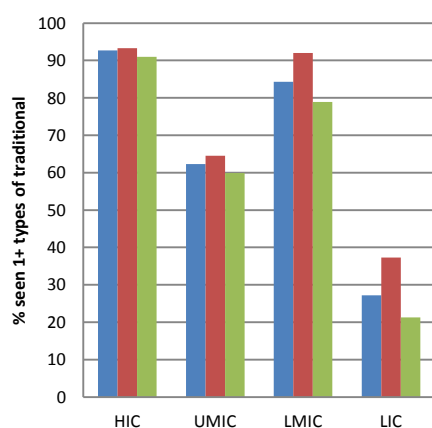


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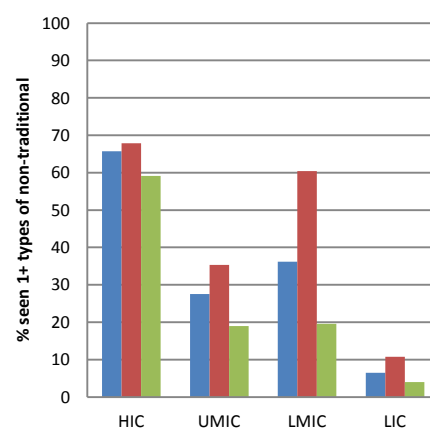


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M



Self-reported marketing: Percentage of individuals reporting A) seeing poster marketing; B) seeing signage marketing; C) seeing TV marketing; D) hearing radio marketing; E) seeing print media marketing; F) seeing cinema marketing; G) seeing sponsorship; H) seeing marketing on other products; I) seeing Internet marketing; J) seeing free samples; K) seeing vouchers; L) seeing 1+ types of traditional marketing; M) seeing 1+ types of non-traditional marketing in previous six months. Each graph presents data by country income group and community type (all communities, and split into urban and rural).

Table 33: Logistic multilevel regression models showing odds ratios for the percentage of individuals who reported seeing each type of alcohol marketing within the previous six months

a: traditional forms of marketing

		Posters	Signage	TV	Radio	Print media	Cinema	1+ traditional
		OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)
Community type	Urban	1	1	1	1	1	1	1
	Rural	0.28 (0.18-0.42)**	0.27 (0.18-0.41)**	0.51 (0.38-0.70)**	0.56 (0.37-0.84)**	0.35 (0.25-0.49)**	0.36 (0.23-0.57)**	0.45 (0.31-0.64)**
Country income group	HIC	1	1	1	1	1	1	1
	UMIC	0.84 (0.10-7.04)	1.29 (0.12-14.04)	1.32 (0.14-12.10)	0.84 (0.03-21.95)	0.24 (0.04-1.42)	0.11 (0.06-0.20)**	0.66 (0.06-7.14)
	LMIC	4.62 (0.35-60.99)	4.27 (0.23-79.99)	4.83 (0.32-74.12)	7.25 (0.13-409.66)	0.25 (0.03-2.22)	0.48 (0.27-0.85)*	2.71 (0.14-50.81)
	LIC	0.83 (0.05-12.86)	0.78 (0.04-16.75)	0.22 (0.01-3.62)	0.73 (0.01-45.45)	0.06 (0.01-0.57)*	0.14 (0.07-0.29)**	0.16 (0.01-3.41)

b: non-traditional forms of marketing

		Sponsorship	Other products	Internet	Free samples	Vouchers	1+ non-traditional
		OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)	OR^a (95% CI)
Community type	Urban	1	1	1	1	1	1
	Rural	0.23 (0.15-0.35)**	0.29 (0.20-0.44)**	0.23 (0.14-0.38)**	0.27 (0.17-0.40)**	0.30 (0.20-0.45)**	0.22 (0.14-0.32)**
Country income group	HIC	1	1	1	1	1	1
	UMIC	0.23 (0.01-3.90)	0.21 (0.01-5.88)	0.21 (0.06-0.72)*	0.23 (0.01-3.53)	0.60 (0.07-5.17)	0.33 (0.03-3.26)
	LMIC	0.78 (0.02-25.81)	1.30 (0.02-80.81)	0.30 (0.07-1.25)	3.20 (0.11-90.10)	4.45 (0.33-60.67)	1.20 (0.07-19.52)
	LIC	0.19 (0.01-7.00)	0.27 (0.00-18.60)	0.01 (0.00-0.03)**	0.03 (0.00-1.02)*	0.02 (0.00-0.41)*	0.12 (0.01-2.26)

^aModels control for community type, country income group, sex, age, education, drinking status, friends who drink, Internet access, TV ownership, radio ownership, with a random effect for country and community. 95% CIs also shown

*p<0.05; **p<0.001

Overall self-reported exposure

In total, 68% of individuals across all countries and communities reported exposure to at least 1 type of alcohol marketing over the previous six months (range 19-100%), and 22% reported exposure to at least 5 types (range 0-77%; Table 34). The percentage of individuals who reported seeing at least 5 types of marketing was lowest in LICs (4%) and highest in HICs (44%).

Table 34: Percentage of individuals who reported seeing 0 and 1+ (split into 1-4 and 5+) types of alcohol marketing within the previous six months

Country and community (n)			0 types of marketing	1+ types of marketing	1-4 types	5+ types
All countries	All	(435)	31.7	68.3	45.9	22.4
	Urban	(221)	24.1	76.0	43.5	32.5
	Rural	(214)	39.3	60.7	48.2	12.5
HIGH INCOME COUNTRIES						
Canada	Urban	(31)	4.2	95.8	39.3	56.5
	Rural	(15)	8.0	92.0	42.3	49.7
Sweden	Urban	(20)	7.8	92.2	66.1	26.2
	Rural	(3)	8.4	91.6	78.3	13.3
All HIC	All	(69)	6.2	93.8	49.4	44.4
	Urban	(51)	5.6	94.4	49.4	45.0
	Rural	(18)	8.1	91.9	49.4	42.5
UPPER-MIDDLE INCOME COUNTRIES						
Argentina	Urban	(6)	7.7	92.4	90.0	2.4
	Rural	(14)	12.2	87.8	87.5	0.3
Brazil	Urban	(7)	4.5	95.5	82.2	13.4
	Rural	(7)	7.6	92.4	92.4	0.0
Chile	Urban	(2)	0.0	100.0	76.5	23.5
	Rural	(3)	13.3	86.7	76.0	10.7
Malaysia	Urban	(18)	50.2	49.8	13.6	36.3
	Rural	(15)	61.0	39.0	10.2	28.8
Poland	Urban	(1)	26.9	73.1	38.5	34.6
	Rural	(3)	34.9	65.1	36.5	28.6
South Africa	Urban	(3)	2.1	97.9	21.3	76.6
	Rural	(3)	3.7	96.3	47.6	48.8

Turkey	Urban	(25)	41.0	59.0	46.8	12.2
	Rural	(13)	61.4	38.6	35.2	3.4
All UMIC	All	(120)	36.4	63.6	45.3	18.3
	Urban	(62)	33.7	66.3	43.9	22.4
	Rural	(58)	39.3	60.7	46.9	13.8
LOWER-MIDDLE INCOME COUNTRIES						
China	Urban	(39)	7.8	92.2	44.2	47.9
	Rural	(62)	21.5	78.5	71.0	7.6
Colombia	Urban	(31)	2.3	97.7	39.8	57.8
	Rural	(23)	5.0	95.0	28.6	66.4
All LMIC	All	(155)	15.1	84.9	58.3	26.6
	Urban	(70)	7.3	92.7	43.8	48.9
	Rural	(85)	20.4	79.6	68.3	11.3
LOW INCOME COUNTRIES						
India	Urban	(37)	63.9	36.1	31.0	5.2
	Rural	(51)	80.8	19.2	18.8	0.4
Zimbabwe	Urban	(1)	0.0	100.0	36.0	64.0
	Rural	(2)	12.5	87.5	37.5	50.0
All LIC	All	(91)	72.1	27.9	23.8	4.1
	Urban	(38)	61.7	38.3	31.1	7.2
	Rural	(53)	78.2	21.8	19.5	2.3

11.4 Discussion

This study makes a number of important findings in relation to alcohol marketing. First it identifies very high levels of exposure to alcohol marketing: 68% of all individuals recalled seeing at least one form of alcohol marketing in the last six months, and 22% reported seeing 5+ types of marketing (only 4% in LICs, but 44% in HICs). Second, it identifies that all forms of observed and self-reported marketing were least common in LICs (although most of the differences compared to HICs were not statistically significant); this may in part reflect the greater existence of informal markets such as the production of home-made and home-brewed alcohol[14, 73, 586] which would not be marketed. Third, marketing exposure was significantly lower in rural than urban communities for all measures of marketing, ranging from 44% (self-reported radio) to 77% lower (self-reported Internet and sponsorship). The greater amount of urban marketing suggests that the AI may

focus its marketing and distribution on areas with the greatest potential impact, i.e. areas with higher density populations[277, 570, 571], and on cost-effective, accessible areas (rural communities can present different challenges than urban ones[554, 587]).

Global per capita consumption of alcohol since 1990 has been stable, with only a slight increase[588]. However sales of alcohol (litres) between 2007 and 2012 have increased in all of the countries in this study (no data for Zimbabwe), particularly in some UMICs and LMICs such as China (32% increase), Malaysia (27%), Brazil (21%), but also in India (LIC; 73%)[589]. AI sales have also increased in all three of the countries where alcohol is banned (Iran 221%, Pakistan 34%, the UAE 35%[589]), although their markets remain small and the rises are in part due to vast increases in sales of non-alcoholic beer[583] and increases in tourism[585]. Marketing is key to increasing drinking prevalence[21-23], and although the more traditional types of marketing are still very common and it is thought that the trend “is for traditional media to give way to new approaches”[137], this analysis shows that in all country income groups a higher percentage of individuals reported seeing at least one type of traditional marketing than non-traditional types. The difference in the percentage of individuals seeing at least one type of traditional and non-traditional marketing was highest in LMICs (difference of 48%). Perhaps due to the lack of a legally-binding global treaty to regulate marketing, distinct patterns such as the AI having to move away from the traditional forms of marketing in higher income countries because of regulation (as was seen with the TI) has not been identified. In fact, the globally high levels of marketing may reflect lack of national regulation or, where there is regulation, a failure to enforce compliance; countries such as Sweden and Canada with relatively high alcohol policy scores (Sweden had a maximum score for advertising; Figure 26)[349] still had significant levels of alcohol marketing.

Alcohol is culturally embedded in many societies, especially in the West[14, 338], and unlike the consumption of tobacco, infrequent, small amounts of alcohol are not commonly thought to be harmful, and even thought to provide some health benefits[49-56] (although there is more recent evidence questioning these health benefit assertions[59-62] and showing, for example, that the risk of cancer increases from zero units[63, 64]); it has therefore been harder to subject alcohol to stringent regulations. However, with research suggesting that the AI operates in similar ways to the TI[334], the current approach regarding cooperation with the AI

by the WHO[65] and individual nations[590] may not necessarily be in the best interest of public health[10].

There are some limitations to EPOCH which were outlined in Chapter 8. But there is an additional limitation specific to the analysis presented in this chapter; although diverse[549], only 13 countries (fewer than the 16 included in the tobacco marketing environment analysis (Chapter 9)) were included in the analysis as three countries – Iran, Pakistan and the UAE – had very restrictive alcohol policies[583-585] so were excluded. This means that the country income group comparisons may not be robust, especially as three of the country income groups (HIC, LMIC and LIC) contained only two countries each. Subsequently the results cannot reliably be extrapolated to other countries in any of the income groups, and the findings from the statistical analysis must be treated with some caution.

There are also strengths to EPOCH (outlined in Chapter 8), and also to this particular study. First, the present study is the first to compare the levels of multiple types of observed and self-reported alcohol marketing across such a wide range of countries. And second, although differences in self-reported exposure to marketing will reflect access to certain types of media, Internet access, TV and radio ownership were controlled for in the individual-level models.

Implications for policy

This study has shown that alcohol marketing is widespread. Although the Global Strategy makes recommendations that all WHO Member States (of which there were 194 in 2014[591], including all of the EPOCH countries) restrict alcohol marketing, the Global Strategy is not legally binding and alcohol marketing levels are very high globally and within a number of countries. AI marketing was found to be least prevalent in LICs which, given that alcohol is not yet a major cause of death and disability in these countries (see sub-chapter 2.1 Prevalence of Tobacco and Alcohol Use, and Tobacco and Alcohol's Impact on Health), policymakers have the opportunity to introduce marketing regulations in LICs now in order to help minimise the spread of the alcohol epidemic.

In summary, given evidence that AI marketing plays a significant role in drinking initiation and prevalence[21-23], these findings highlight the urgent need for countries to introduce or strengthen marketing regulations, and supports calls for a legally-binding FCTC-equivalent for alcohol.

Chapter 12: Alcohol Marketing Regulation and Levels of Alcohol Industry Compliance

12.1 Background

In the absence of an FCTC-equivalent for alcohol, Chapter 11 showed very high levels of alcohol marketing. The high levels of marketing observed and self-reported could be due to a number of interconnected reasons, most notably government failure to implement or enforce regulation and/or AI failure to comply. While it would be ideal if the AI simply complied with regulation and governments did not have to spend limited resources on monitoring and enforcement, existing evidence shows that the AI commonly circumvents both statutory and voluntary marketing regulations[137, 395, 408-415]. Despite the importance of marketing regulation in controlling alcohol consumption, there is very little literature on national levels of marketing regulation and on levels of industry compliance with marketing regulations globally (as shown in sub-chapter 4.2 Policy Influence and Compliance).

This chapter therefore aims to assess the presence of marketing regulation within the EPOCH countries, examine the extent of AI compliance with regulation, and identify factors which are associated with good compliance. It is hypothesised that compliance will be poorer in lower income countries primarily due to their lower budgets for monitoring and enforcement, and that higher country income, greater expenditure on health, and good governance (such as low levels of corruption and good government stability), in particular, will be significant factors in good compliance. It is difficult to hypothesise whether compliance will be better in urban or rural communities because, on the one hand it might be expected that compliance will be poorer in rural than urban communities given access difficulties[554] potentially making enforcement harder and relatively less cost effective, but on the other hand it might be expected that compliance will be poorer in urban communities as AI marketing is greater in urban areas (as shown in Chapter 11).

This work will be important in identifying countries that need to implement further marketing controls, and countries or community types with poor levels of

compliance with existing marketing regulations. This analysis will help policymakers effectively focus resources to better ensure compliance.

12.2 Methodology

12.2.1 Data sources

The same sample size as Chapter 11 was used (see Table 29).

Regulation

Data on the extent and nature of marketing regulation relating to the data collected in EPOCH was obtained from the WHO[592]. Regulatory data were obtained for the year 2010 (the year the majority of EPOCH data were collected), but where this was not possible, the nearest year was used.

Unlike the tobacco regulations which are predominantly 'ban' or 'no ban' (Chapter 10), alcohol regulations tend to differ by alcohol type; beer, wine, and spirits. In this analysis, a country was only classed as having a ban in place if all types of alcohol were included in the restriction; EPOCH did not collect data on which type of alcohol the marketing was related to, so it is not possible to assess levels of compliance for specific alcohol types.

Marketing and compliance

Data covering nine forms of marketing were obtained from EPOCH: observed outdoor advertising (EPOCH 1), and self-reported advertising on posters, TV, radio, print media, cinema, sponsorship, Internet, and free samples (EPOCH 2). Although additional marketing types were included in Chapter 11, only these nine forms of marketing were used in this analysis as they relate to regulation that the AI could choose to either adhere to or ignore; outlet density was not assessed as it cannot be assumed that industry has control over this. Additionally, marketing on signage, other products and vouchers are not assessed because no data on regulation were available from the WHO[592] for these forms of marketing. The measures of marketing are the same as those used in Chapter 11 and so will not be outlined in detail again here (see Appendix 6).

These nine measures of marketing were then linked to national regulation. Information on national regulation in eight marketing areas was required as regulation on 'billboard advertising' was compared to both observed outdoor

advertising and self-reported exposure to poster marketing. National regulation was used in this chapter, but as EPOCH collected data at the community level compliance in both urban and rural communities will be examined.

In Chapter 11 Iran, Pakistan and the UAE were removed from the analysis as they each have very restrictive alcohol policies – Iran forbids the drinking, selling and distribution of alcohol, and in Pakistan and the UAE only non-Muslims are legally allowed to consume alcohol – and the marketing of alcohol in these countries is also banned to varying degrees[583-585]. However, this chapter focuses on compliance with regulations and so these countries are now included. However, there is no WHO[592] data available on alcohol marketing regulations in the UAE, so the UAE could not be included.

Explanatory variables

Data on six explanatory variables – GDP per capita, HDI rank, corruption, government effectiveness, government stability, and government expenditure on health – were collated from the World Bank[540, 577] and the UN[579]. More information can be found in Appendix 8.

12.2.2 Analysis

Presence of regulation

First the presence of regulation was examined by country and country income group.

Compliance scores

Where a country did have a specific piece of regulation in place, compliance with that regulation was assessed using data on the levels of marketing obtained via EPOCH (presented in Table 30 and Table 32). Compliance was categorised into either 'good' or 'poor' compliance, the exact definition of which varied by measure:

- For the average number of observed adverts:
 - Good compliance: <1 advert observed
 - Poor compliance: 1+ adverts observed

- For all other data (presented as percentages):
 - Good compliance: <10% of individuals reported seeing marketing (posters, TV, radio, print media, cinema, sponsorship, Internet, and free samples)
 - Poor compliance: 10%+ of individuals reported seeing marketing (posters, TV, radio, print media, cinema, sponsorship, Internet, and free samples)

Compliance scores were calculated for urban and rural communities within each country (i.e. each country was assigned two scores).

An overall good compliance score (OGCS) was also calculated as an indicator of country-level compliance as follows:

- Number of marketing types subject to regulation – nine marketing types were included in the analysis (see 12.2.1 Data sources). For each marketing type subject to regulation, a country was categorised as having either good or poor compliance for both urban and rural communities.
- Urban good compliance score (UGCS) – this reflects the proportion of marketing types subject to regulation that had good compliance within urban communities.
- Rural good compliance score (RGCS) – this reflects the proportion of marketing types subject to regulation that had good compliance within rural communities.
- Overall good compliance score (OGCS) – this is the UGCS and RGCS combined into one average measure. If all urban and rural communities had good compliance for all marketing types subject to regulation, then a country would have a score of 100%.

Example

The compliance scores for Turkey were calculated as follows:

- Six marketing types were subject to regulation in Turkey.
- UGCS: across urban communities, three of the six marketing types subject to regulation were given a good compliance score. Therefore, the proportion of marketing types subject to regulation that had good compliance (the UGCS) was 50%.

- RGCS: across rural communities, four of the six marketing types subject to regulation were given a good compliance score. Therefore, the proportion of marketing types subject to regulation that had good compliance (the RGCS) was 66%.
- OGCS: combining the UGCS and RGCS gives Turkey an overall good compliance score (OGCS) of 58%.

Results and the determinants of compliance

For each specific marketing measure, graphs were produced to show the average amount of marketing observed or self-reported within each urban and rural community (as presented in Table 30 and Table 32) with countries split into those with a full ban, those with some restrictions, and those with no ban. Within the ‘full ban’ and ‘some restrictions’ sections on each graph, a line is included to show the threshold between good and poor compliance (i.e. above the line is poor compliance). These graphs are used to examine levels of compliance for each marketing measure.

Also for each specific marketing measure, the average amount of observed and self-reported marketing was calculated for countries with a full ban in place, those with some restrictions, and those with no ban in order to provide an overall comparison of marketing levels and to give an indication of whether or not specific marketing bans are sufficiently complied with to make them effective. This was calculated by averaging the EPOCH data collected in all countries and communities in each regulatory category (i.e. not averaging the means presented in Table 30 and Table 32).

The OGCS was then used to examine overall levels of compliance with marketing regulation by country and country income group. Pearson’s correlations were also run between the OGCS (continuous) and the following country-level explanatory variables: GDP per capita, HDI rank, corruption, government stability, government effectiveness, and government expenditure on health (all continuous variables; see Appendix 8). These correlations were used to provide an idea of the relationship between overall compliance and a range of explanatory variables. Correlations were calculated in StataMP 12[580], and the correlation coefficients are presented along with corresponding p-values (95% significance).

12.3 Results

12.3.1 Presence of regulation

The number of full statutory marketing regulations in place in each country ranged from zero (ten countries) to eight (Sweden and Iran), out of a possible eight (Figure 40, Table 35). Iran and Pakistan, which both have very restrictive alcohol policies[583, 584], both had multiple alcohol marketing regulations in place; Iran had all eight in place, and Pakistan had seven. Additionally, in 2012 (the closest data to 2010 available), Canada, Sweden and Zimbabwe each had government monopolies on alcohol sales[593], but this does not appear to have influenced the number of marketing regulations in place; Sweden had all eight pieces of regulation in place, compared to zero in both Canada and Zimbabwe. As so many countries did not have any full bans on alcohol marketing, there are no trends in the number of regulations in place by country income group and averages cannot be calculated.

Bans on billboard, national and cable TV, and national and local radio were the most common advertising bans, and were each in place in five countries (all in place in Sweden, Turkey, Iran, India and Pakistan). The least common marketing ban was on sponsorship of sporting and youth events where only three countries (Sweden, Iran and India) had a ban in place. The remainder of the bans were in place in four countries.

Although Table 35 show that ten countries did not have any full alcohol marketing bans in place in 2008, it also shows that many countries had partial statutory or voluntary restrictions on all or some types of alcohol, or had full bans on some types of alcohol but not others. For example, Poland had a partial statutory restriction on billboard advertising, national and cable TV advertising, national and local radio advertising, print media advertising, cinema advertising, and Internet advertising for beer, and a full ban for wine and spirits. Additionally, some countries had different sponsorship regulations for different types of alcohol. For example, Malaysia had a partial statutory restriction on the sponsorship of sporting events for beer and wine but a voluntary restriction on the sponsorship of sporting events for spirits, and a partial statutory restriction on sponsorship of youth events for all types of alcohol. These examples highlight the complexities associated with understanding and analysing alcohol marketing regulations.

Table 35: Presence of alcohol marketing regulations, 2008 (unless otherwise stated)

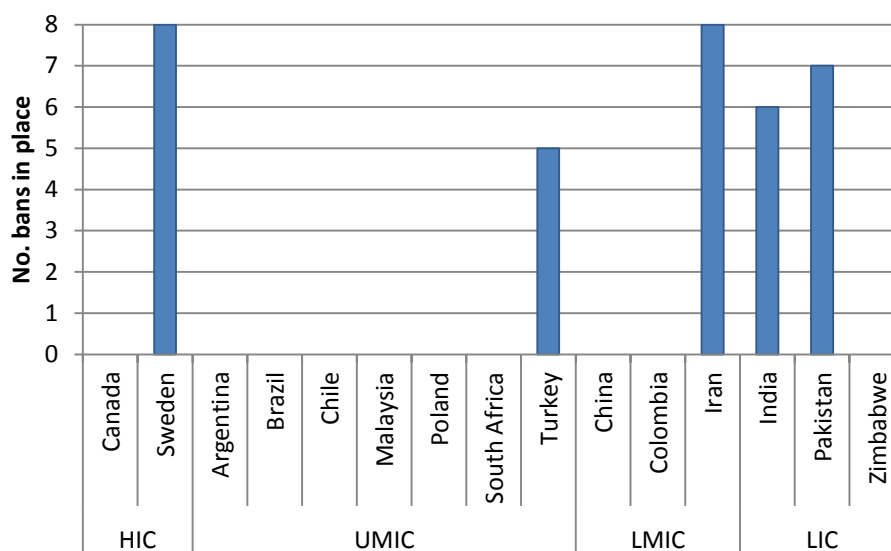
	Billboard advertising ban	National and cable TV advertising ban	National and local radio advertising ban	Print media advertising ban	Cinema advertising ban	Sponsorship of sporting and youth events ban	Internet advertising ban	Pubs/bars offering free alcohol ban	Total (x/8)
High income countries									
Canada	X*	X*	X*	X*	X*	X	X*	X	0
Sweden	√	√	√	√	√	√	√	√	8
UAE	no data								
Upper-middle income countries									
Argentina	X*	X*	X*	X*	X*	X [#]	X*	X [#]	0
Brazil	X ^{#b, *ws}	X ^{#b, *ws}	X ^{#b, *ws}	X ¹	X ^{#b, *ws}	X	X ^{#b, *ws}	X	0
Chile	X	X	X	X	X	X	X	X	0
Malaysia	X [#]	X*	X*	X	X [#]	X (Sporting ^{*bw, √s} , Youth*)	X	X*	0
Poland	X ^{*b, √ws}	X ^{*b, √ws}	X ^{*b, √ws}	X ^{*b, √ws}	X ^{*b, √ws}	X (Sporting [*] , Youth ^{*bw, √s})	X ^{*b, √ws}	X*	0
South Africa	X	X	X	X	X	X	X	X	0
Turkey	√	√ ³	√ ⁴	X*	X	X (Sporting ^{*b,w, #s} , Youth*)	√	√	5
Lower-middle income countries									
China	X	X ^{*2}	X**	X	X	X	X	X	0
Colombia	X	X**	X	X	X	X	X	X	0
Iran	√	√	√	√	√	√	√	√	8
Low income countries									
India	√	√	√	√	√	√	X ^{√bw, *s}	X ^{*w}	6
Pakistan	√	√	√	√	√	X (Sporting ^{√bw, Youth[√]})	√	√	7
Zimbabwe	X	X	X	X	X	X (Sporting ^{#bw, Youth[#]})	X	X	0

*partial statutory restriction for all alcohol (^w=wine, ^b=beer, ^s=spirits)

**partial statutory restriction for all alcohol on national marketing only

#voluntary/self-restricted for all alcohol (^w=wine, ^b=beer, ^s=spirits)√ban for all alcohol (^w=wine, ^b=beer, ^s=spirits)¹ data from 2002; ² cable TV data from 2012; ³ cable TV data from 2002; ⁴ national radio data from 2002

Figure 40: Number of full alcohol marketing bans in place (maximum of 9) by country, 2008 (predominantly)



12.3.2 Levels of regulatory compliance

12.3.2.1 Level of compliance with observed marketing

As shown above, there is no information available on alcohol marketing regulation in the UAE. The UAE is therefore not included in the analysis in this sub-chapter.

Alcohol adverts

Only five of 15 EPOCH countries had a ban on billboard advertising for all alcohol types (Table 35). Overall, compliance was poor (although fewer alcohol adverts were observed in countries with a ban than those with some restrictions or no ban); on average 2.1 alcohol adverts were observed in communities within countries with a full ban on billboard advertising, compared to 3.4 in communities within countries with some restrictions, and compared to 6.7 in communities within countries without no ban.

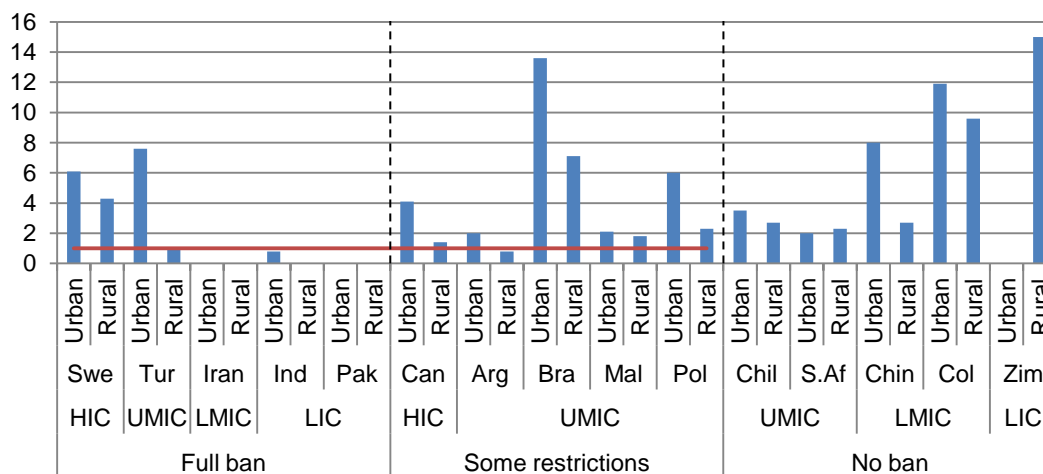
Poor compliance was found in both urban and rural communities in the one HIC with a ban (Sweden) and the one UMIC with a ban (Turkey); Sweden had the poorest compliance with 6.1 adverts observed on average per urban community and 4.3 per rural community (Figure 41).

Of the five countries with some restriction in place, compliance was poor in all communities except rural Argentina (0.8 adverts on average per community; a partial statutory restriction on billboard advertising that applied to all alcohol types).

Brazil had the worst compliance (partial statutory restriction that applied to wine and spirits, and a voluntary restriction for beer); 13.6 adverts were observed on average per urban community, and 7.1 were observed on average in rural communities.

Figure 41: Compliance with observed alcohol marketing

Average number of alcohol adverts, split into countries with and without a ban on billboard advertising for all alcohol types and countries with some restrictions in place



(the red line represents the poor/good compliance threshold; above the line = poor compliance)

12.3.2.2 Level of compliance with self-reported traditional marketing

As shown above, there is no information available on alcohol marketing bans in the UAE. The UAE is therefore not included in the analysis in this sub-chapter. Additionally, no self-reported data was collected on exposure to alcohol marketing in Iran. Iran is therefore also excluded from the following analysis.

Posters

Only four of 14 EPOCH countries had a ban on billboard advertising for all alcohol types (Table 35). Overall, compliance was poor (although exposure to poster marketing was lower in countries with a ban than those with some restrictions or no ban); on average 19% of individuals reported exposure to alcohol poster marketing in communities within countries with a full ban on billboard marketing, compared to 41% in communities within countries with some restrictions, and compared to 44% in communities within countries with no ban.

Poor compliance was found in both urban and rural communities in the one HIC with a ban (Sweden) and one of two LICs with a ban (India) (Figure 42a). Only Turkey

(UMIC) had mixed compliance; poor compliance in urban communities and good in rural communities.

Of the five countries with some restrictions in place, poor compliance was seen in all communities except rural Argentina (4.6% of individuals reported exposure to poster marketing in the last six months; partial statutory restriction for all alcohol types). Exposure to poster marketing was above 30% in the remainder of urban and rural communities.

TV

Only four EPOCH countries had a ban on national and cable TV advertising for all alcohol types (Table 35). Overall, compliance was poor (although exposure to TV marketing was lower in countries with a ban than those with some restrictions or no ban); on average 24% of individuals reported exposure to alcohol TV marketing in communities within countries with a full ban on national and cable TV marketing (of all marketing measures, this is the highest average percentage in countries with a full ban), compared to 73% in communities within countries with some restrictions (of all marketing measures, this is also the highest average percentage in countries with some restrictions), and compared to 83% in communities within countries with no ban.

Poor compliance was found in urban and rural communities in the only HIC with a ban (Sweden) and the only UMIC with a ban (Turkey); Sweden had particularly poor compliance, 64.8% of individuals reported exposure to TV marketing in the last six months in urban communities, as did 63.9% in rural communities (Figure 42b). Mixed compliance was found in one of two LICs with a ban (India; good compliance in rural communities).

Poor compliance was seen in all seven countries with some restrictions in place. Over 80% of individuals in urban and rural Argentina, Brazil and Colombia, and urban Canada and China reported exposure to TV marketing in the last six months. Although compliance was still poor, Malaysia (partial statutory restrictions on all alcohol types) had the lowest exposure; 39.4% of individuals in urban communities and 31.3% in rural communities reported exposure.

Radio

Only four EPOCH countries had a full ban on national and local radio advertising (Table 35). Overall, compliance was good; on average 4% of individuals reported

exposure to alcohol radio marketing in communities within countries with a full ban on national and local radio marketing (of all marketing measures, this is the (joint) lowest average percentage in countries with a full ban), compared to 24% in communities within countries with some restrictions, and compared to 66% in communities within countries with no ban.

All countries with a full ban had good compliance. Although still categorised as 'good' compliance, individuals in Sweden (HIC) reported the highest level of exposure to radio marketing of countries with a ban in place (6.6% urban, 9.6% rural) (Figure 42c).

Compliance was poor in all of the six countries with some restrictions in place, except urban and rural communities in Argentina (UMIC; partial statutory restrictions on all alcohol types) and rural Brazil (UMIC; partial statutory restrictions on wine and spirits radio marketing and voluntary restrictions for beer)

Print media

Only three EPOCH countries had a ban on print media advertising for all alcohol types (Table 35). Overall, compliance was poor (although exposure to print media marketing was lower in countries with a ban than those with some restrictions or no ban); on average 22% of individuals reported exposure to alcohol print media marketing in communities within countries with a full ban on print media marketing, compared to 46% in communities within countries with some restrictions, and compared to 34% in communities within countries with no ban.

Poor compliance in urban and rural communities was only found in the one HIC with a ban (Sweden); 82.2% of individuals in urban communities and 85.5% in rural communities reported exposure to tobacco print media marketing in the last six months (Figure 42d). Mixed compliance was found in one of two LICs with a ban (India; good compliance in rural communities).

Poor compliance was seen in each of the four countries with some restrictions in place. Exposure was highest in Canada (HIC; partial statutory restriction for all alcohol types) where 81.5% of individuals in urban communities and 73.1% in rural communities reported seeing print media advertising.

Cinema

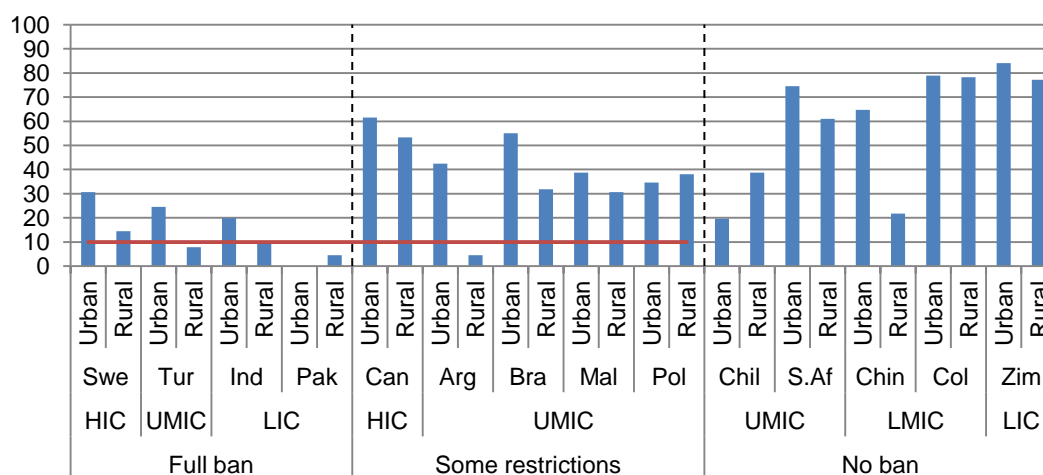
Only three of 14 EPOCH countries had a ban on cinema advertising for all alcohol types (Table 35). Overall, compliance was good; on average 6% of individuals reported exposure to alcohol cinema marketing in communities within countries with a full ban on cinema marketing, compared to 7% in communities within countries with some restrictions, and compared to 8% in communities within countries with no ban.

Compliance was good in the two LICs with a full ban (India and Pakistan). Only the one HIC with a ban (Sweden) had mixed compliance; 14.8% of individuals in urban communities reported exposure to cinema advertising (poor compliance), as did 8.4% in rural communities (good compliance) (Figure 42e).

Of the five countries with some restrictions in place, compliance was mixed. Poor compliance was found in urban and rural communities in the one HIC with some restrictions (Canada; partial statutory restriction for all alcohol types) and one of four UMICs with some restrictions (Poland; partial statutory restriction for beer, and a full ban for wine and spirits).

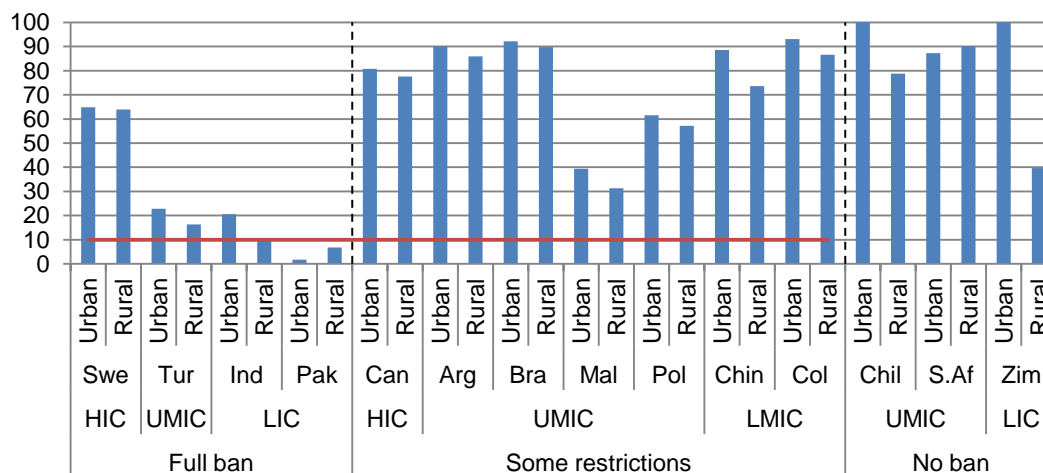
Figure 42: Compliance with self-reported traditional alcohol marketing

a) Percentage of individuals who reported seeing poster alcohol marketing within the previous six months, split into countries with and without a ban on billboard advertising for all alcohol types and countries with some restrictions in place

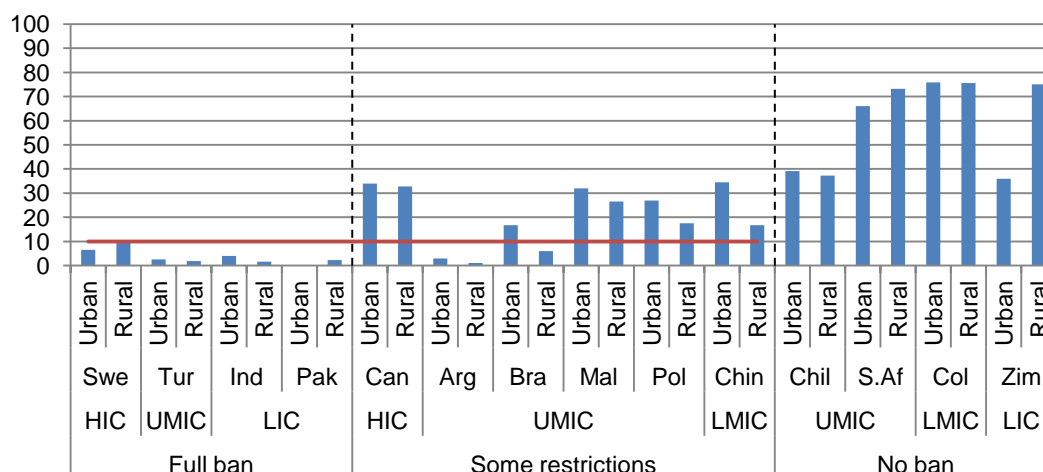


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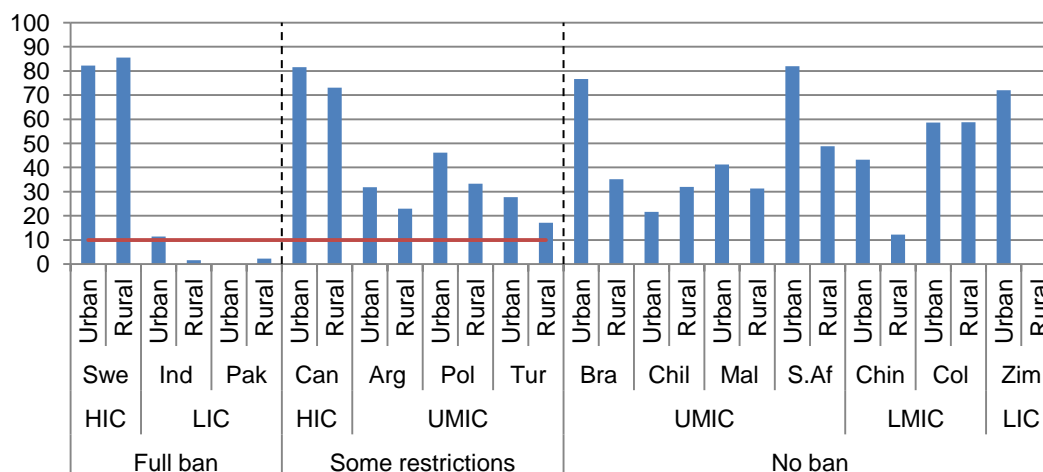
b) Percentage of individuals who reported seeing TV alcohol marketing within the previous six months, split into countries with and without a ban on national and cable TV advertising for all alcohol types and countries with some restrictions in place



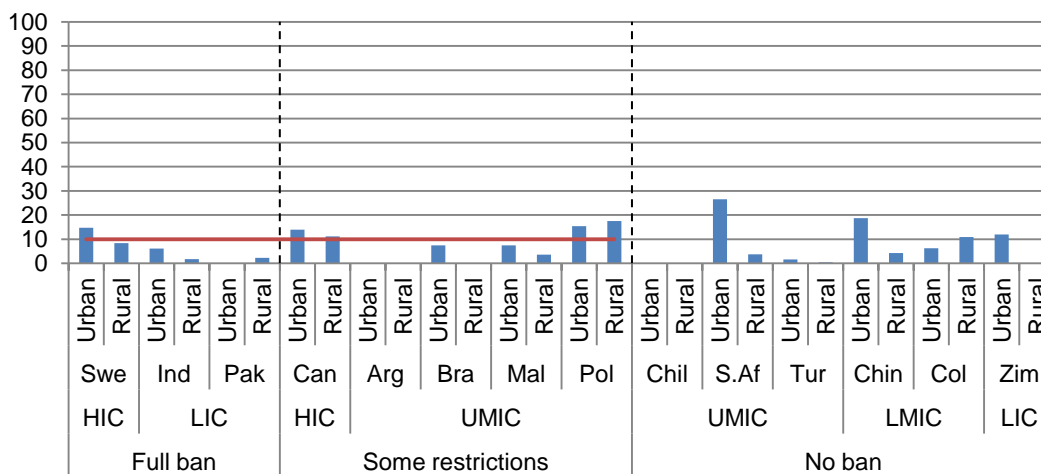
c) Percentage of individuals who reported hearing radio alcohol marketing within the previous six months, split into countries with and without a ban on national and local radio advertising for all alcohol types and countries with some restrictions in place



d) Percentage of individuals who reported seeing print media alcohol marketing within the previous six months, split into countries with and without a ban on print media advertising for all alcohol types and countries with some restrictions in place



e) Percentage of individuals who reported seeing cinema alcohol marketing within the previous six months, split into countries with and without a ban on cinema advertising for all alcohol types and countries with some restrictions in place



(the red line represents the poor/good compliance threshold; above the line = poor compliance)

12.3.2.3 Level of compliance with self-reported non-traditional marketing

As per above, the UAE and Iran are excluded from the following analysis.

Sponsorship

Only two EPOCH countries banned alcohol sponsorship at sporting and youth events (Table 35). Overall, compliance was good; on average 8% of individuals reported exposure to alcohol sponsorship in communities within countries with a full ban on the sponsorship of sporting and youth events, compared to 15% in communities within countries with some restrictions, and compared to 26% in communities within countries with no ban.

Poor compliance was found in urban and rural communities in the one HIC with a ban (Sweden) and good compliance was found in urban and rural communities in the one LIC with a ban (India) (Figure 43a).

Of the six countries with some regulations in place, compliance was again mixed. Poor compliance was found in urban and rural communities in two of four UMICs with some restrictions (Malaysia (partial statutory restriction for beer and wine and a ban on spirits for sponsorship of sporting events and a partial statutory restriction for all alcohol types for sponsorship of youth events) and Poland (partial statutory restriction for all alcohol types for sponsorship of sporting events and partial statutory restriction for beer and wine and a voluntary ban for spirits for sponsorship

of youth events)) and one of two LICs with some restrictions (Zimbabwe; voluntary ban for beer and wine (but no ban on spirits) sponsorship of sporting events and a voluntary ban for all alcohol types sponsorship of youth events). Mixed compliance was found in Turkey; poor compliance in urban communities and good compliance in rural.

Internet

Only three EPOCH countries had a ban on Internet advertising for all alcohol types (Table 35). Overall, compliance was poor (although exposure to Internet marketing was lower in countries with a ban than those with no ban); on average 14% of individuals reported exposure to alcohol Internet marketing in communities within countries with a full ban on Internet marketing, compared to 9% in communities within countries with some restrictions, and compared to 18% in communities within countries with no ban.

Poor compliance was only found in urban and rural communities in the one HIC with a ban (Sweden); 36.2% individuals in urban communities and 27.7% of individuals in rural communities reported exposure to Internet marketing (Figure 43b).

Of the five countries with some restrictions in place compliance was again mixed. Poor compliance was found in urban and rural communities in the one HIC with some restrictions (Canada; partial statutory restriction for all alcohol types) and one of three UMICs with some restrictions (Poland; partial statutory restriction for beer, and a ban for wine and spirits). Brazil had mixed compliance, poor in urban communities and good in rural.

Free samples

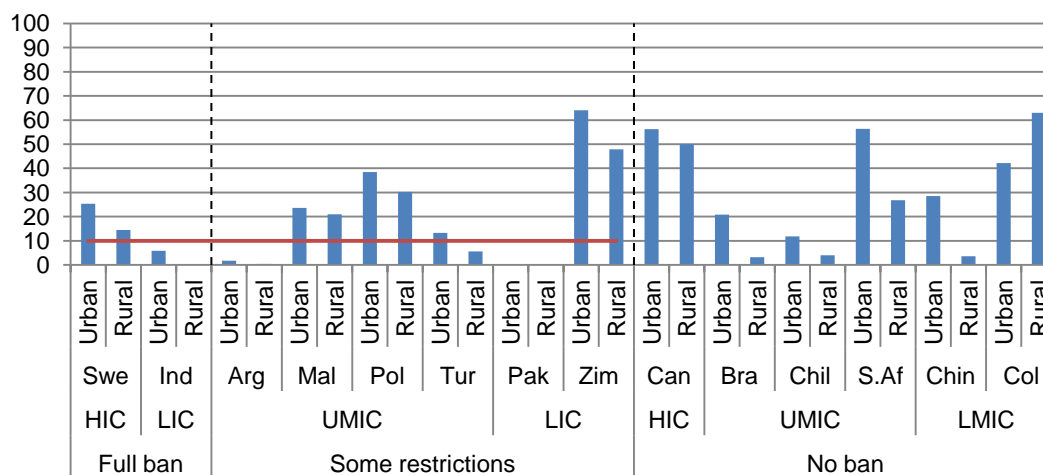
Only three EPOCH countries had a full ban on pubs/bars offering free alcohol (Table 35). Overall, compliance was good; on average 4% of individuals reported exposure to free alcohol samples in communities within countries with a full ban on pubs/bars offering free alcohol (of all marketing measures, this is the (joint) lowest average percentage in countries with a full ban), compared to 2% in communities within countries with some restrictions (of all marketing measures, this is the lowest average percentage in countries with some restrictions), and compared to 14% in communities within countries with no ban.

Compliance was good in all three countries with a full ban (Sweden, Turkey and Pakistan). Aside from urban Sweden where 6.4% of individuals reported exposure

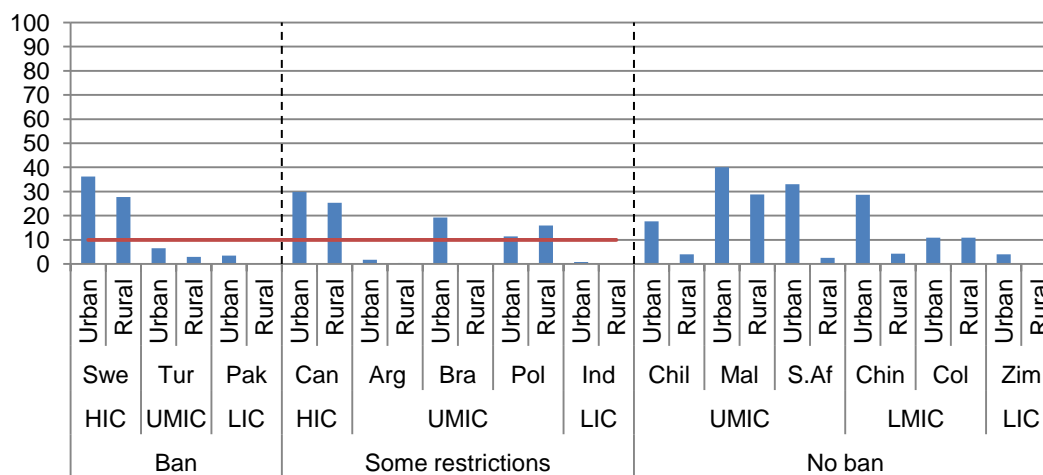
to free samples, fewer than 5% of individuals in all of the communities reported exposure (Figure 43c). Compliance was also good in each of the four countries with some restrictions on free samples (each under 6%).

Figure 43: Compliance with self-reported non-traditional alcohol marketing

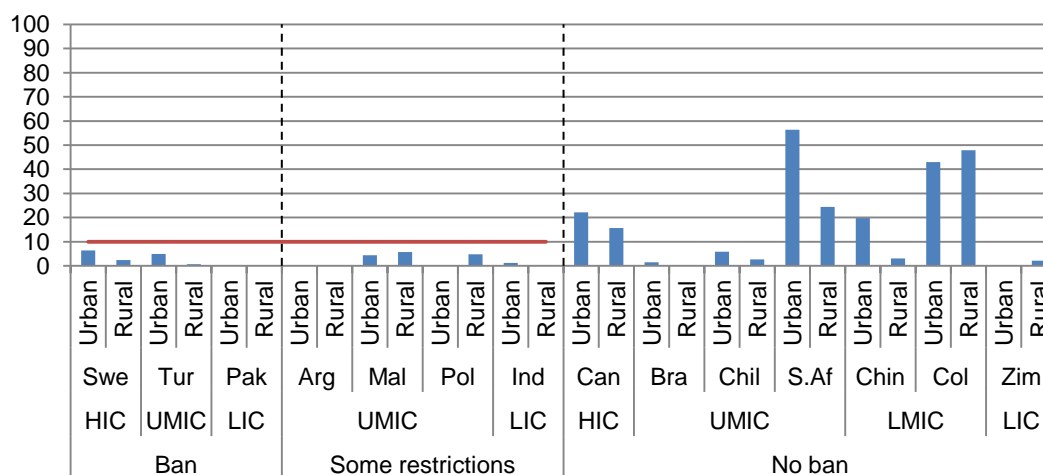
a) Percentage of individuals who reported seeing alcohol sponsorship within the previous six months, split into countries with and without a ban on sponsorship of sporting and youth events for all alcohol types and countries with some restrictions in place



b) Percentage of individuals who reported seeing Internet alcohol marketing within the previous six months, split into countries with and without a ban on Internet marketing for all alcohol types and countries with some restrictions in place



c) Percentage of individuals who reported seeing free alcohol samples within the previous six months, split into countries with and without a ban on pubs/bars offering free alcohol for all alcohol types and countries with some restrictions in place



(the red line represents the poor/good compliance threshold; above the line = poor compliance)

Overall compliance and determinants

This analysis has found that the majority of countries had no full alcohol marketing bans in place, and that compliance levels with regulation was mixed, both by country, country income group, and by marketing type/ban. Table 36 provides a summary of overall compliance.

Patterns in the overall good compliance score (OGCS) by country income group cannot be assessed due to the majority of countries having no full bans in place, nor can country income group averages be calculated. Only Pakistan and Iran had an OGCS of 100%. This is in comparison to Sweden which had an OGCS of 28%, Turkey which had an OGCS of 58%, and India which had an OGCS of 71%. Additionally, among countries with at least one full ban in place, the rural good compliance score (RGCS) was higher than the urban good compliance score (UGCS) in three countries (Sweden, Turkey, and India) and equal in two (Iran and Pakistan), therefore suggesting that if there are differences, compliance is usually better in rural than urban communities.

Table 36: Summary of national compliance with alcohol marketing regulations

		Number of marketing types subject to regulation (/9)*	Urban		Rural		Overall
			Regulated marketing types with good compliance	UGCS	Regulated marketing types with good compliance	RGCS	OGCS
HIC	Canada	0	-	-	-	-	-
	Sweden	9	2	22%	3	33%	28%
	UAE**	-	-	-	-	-	-
	HIC total	9/18 (50.00%)	2	11%	3	17%	28%
UMIC	Argentina	0	-	-	-	-	-
	Brazil	0	-	-	-	-	-
	Chile	0	-	-	-	-	-
	Malaysia	0	-	-	-	-	-
	Poland	0	-	-	-	-	-
	South Africa	0	-	-	-	-	-
	Turkey	6	3	50%	4	66%	58%
	UMIC total	6/63 (9.52%)	3	50%	4	66%	58%
LMIC	China	0	-	-	-	-	-
	Colombia	0	-	-	-	-	-
	Iran***	1 (of 1)	1	100%	1	100%	100%
	LMIC total	1/19 (5.26%)	1	100%	1	100%	100%
LIC	India	7	4	57%	6	86%	71%
	Pakistan	8	8	100%	8	100%	100%
	Zimbabwe	0	-	-	-	-	-
	LIC total	15/27 (55.56%)	12	80%	14	93%	87%

*these regulations are applied to both urban and rural communities

**The UAE was not included in the calculations in this table as there were no data available on marketing bans

***No self-reported EPOCH data were collected for Iran, so only the one observed variable and associated ban is included

Each country's OGCS (from Table 36) was then correlated with a range of potential determinants. Only five countries with at least one full ban in place were included in the correlations. All of the Pearson correlation coefficients were statistically significant ($p < 0.001$), and all were moderate or fairly strong correlations (Table 37). The weakest correlation was with HDI rank (0.4879) and the strongest with government effectiveness (-0.9564). The correlations show that an increasing OGCS was correlated with a decreasing GDP per capita, increasing HDI ranking (i.e. better level of development), decreasing percentile rank of corruption (i.e. more

corrupt), stability (i.e. less stable) and effectiveness (i.e. less effective), and decreasing government expenditure on health as a percentage of GDP.

Table 37: Pearson correlation coefficients between the overall good compliance score for alcohol marketing and a range of potential determinants

	<u>Correlation coef.</u>	<u>p-value</u>
GDP per capita	-0.7177	<0.001
HDI rank	0.4879	<0.001
Corruption	-0.9180	<0.001
Government stability	-0.8031	<0.001
Government effectiveness	-0.9564	<0.001
Government expenditure on health	-0.6873	<0.001

12.4 Discussion

The analysis found that the majority of countries (10 of 15) had no full marketing bans in place. The extent of marketing regulation did not appear to be linked with country income group; among HICs, Canada had no bans whereas Sweden had all eight in place, the only UMIC (Turkey) with any bans had five in place, the only LMIC (Iran) with any bans had all eight in place, and two of three LICs with bans - India and Pakistan - had six and seven bans in place respectively. Sweden and Iran were therefore the only EPOCH countries that had all of the eight bans in place.

The analysis also found that, where bans existed, compliance with marketing regulation was mixed and varied by country, country income group, community type, and by marketing type/ban. However, overall, for all of the nine alcohol marketing types assessed, lower levels of marketing were seen within countries with a full ban or some restrictions in place compared to those without a ban. This suggests that restrictions on alcohol marketing are effective at reducing marketing levels, or that regulations have been predominantly introduced by countries where rates of specific types of marketing are already low.

The analysis presented in this chapter has also identified some potentially important variables in understanding what factors determine good regulatory compliance, namely GDP per capita, HDI rank, corruption, government stability, government effectiveness, and government expenditure on health. The correlations were not as expected – the OGCS increased with less wealth, worse governance, and less

spending on health, although the correlation with HDI rank was as expected (i.e. the OGCS increased with a better level of development). This could be for the following reasons. First, only five countries were included in the correlations, meaning there was little data to base the associations on. Second, both Iran (LMIC) and Pakistan (LIC) had an OGCS of 100% but only one ban was included in the Iranian analysis (as there was no self-reported data collected by EPOCH to compare to) meaning compliance may have been lower if additional data were available, and both Iran and Pakistan have very restrictive alcohol policies (Iran forbids the drinking, selling and distribution of alcohol, and in Pakistan only non-Muslims are legally allowed to consume alcohol, and both ban alcohol marketing to varying degrees[583, 584]) meaning that the perfect compliance scores in these two lower income countries are not necessarily representative of other lower income countries. Third, because alcohol consumption is greater in higher income countries (Figure 9) and AI marketing is much more developed and prevalent in HICs and MICs (as found in Chapter 11), there is perhaps little incentive for the AI operating in these countries to comply with regulations, especially if enforcement is poor.

Strengths and limitations

Alongside EPOCH's strengths and limitations outlined in Chapter 8, this work has some additional strengths and limitations.

As this chapter used the same methodology as the tobacco compliance analysis, the same main limitations as outlined in the discussion of Chapter 10 also apply to this analysis; they are therefore not repeated here. There is, however, one additional limitation specific to the alcohol compliance analysis: the marketing bans typically differed by alcohol type (beer, wine and spirits) however EPOCH did not collect information on which type of alcohol marketing exposure was related to. This means that, although many countries had marketing bans on some form of alcohol, for it to be classed as a 'ban' in this analysis, all forms of alcohol had to be included; this is a significant factor in why only five countries were shown to have any alcohol marketing regulations in place.

This analysis also has additional strengths. First, this study is the first to assess levels of regulatory compliance with alcohol marketing regulations, and the first to do so using both observed and self-reported data across such a wide range of countries. Second, this analysis combined bans on *national* TV marketing and *cable* TV marketing into one measure, bans on *national* radio marketing and *local* radio marketing into one measure, and bans on sponsorship *sporting* events and *youth*

events into one measure. Only broad bans can be expected to reduce overall marketing exposure.

Implications for policy

This study has shown that there was a general lack of comprehensive alcohol marketing regulations within the EPOCH countries, but that many countries had marketing bans which applied to only some forms of alcohol. This lack of comprehensive regulations is despite the 2010 Global Strategy having recommended that all WHO Member States (which includes all of the EPOCH countries) restrict alcohol marketing. Where there were full bans in place compliance was often poor, although in all cases levels of marketing were lower in countries with a full ban or some restrictions compared to those with no bans.

Given the importance of AI marketing, and the known effectiveness of marketing bans, this study highlights the urgent need for countries to develop and then enforce comprehensive alcohol marketing regulations, and supports calls for an FCTC-equivalent for alcohol.

Chapter 13: Parallels in Tobacco and Alcohol Industry Marketing and Compliance

This chapter builds on the findings from Chapters 9-12 by comparing, in turn, levels of TI and AI marketing in the EPOCH countries, amounts of tobacco and alcohol marketing regulation, and levels of TI and AI compliance with regulation.

13.1 The Tobacco and Alcohol Industry Marketing Environment

Chapters 9 and 11 explored the global tobacco and alcohol marketing environments. They are the first to present data on the level of observed and self-reported marketing between and within 16 (13 for the alcohol analysis) diverse countries, and are the first to formally compare these marketing levels. All of the measures, except the sale of single cigarettes and the existence of POS advertising within tobacco-selling stores, are comparable between the two industries; observed number of outlets and the number of adverts, and self-reported exposure to posters, signage, TV, radio, print media, cinema (also combined into a composite measure: exposure to 1+ self-reported traditional marketing types), sponsorship, marketing on other products, Internet, free samples, and vouchers (also combined into a composite measure: exposure to 1+ self-reported non-traditional marketing types). These self-reported measures were also combined into two further composite measures: overall exposure to 1 or more marketing types, and overall exposure to 5 or more marketing types. This section will attempt to draw the tobacco and alcohol findings together.

13.1.1 Observed marketing

Observed exposure to tobacco and alcohol marketing varied by measure (Table 38). Across all countries combined, tobacco outlets were more common than alcohol outlets (4.2 tobacco outlets on average per community compared to 2.9 alcohol outlets) and the prominence of tobacco outlets increased with declining country income group; in HICs, outlet density was similar (1.7 tobacco outlets on average per community compared to 1.6 alcohol outlets), in UMICs and LMICs there were 0.5 more tobacco than alcohol outlets on average per community (UMICs 3.4 tobacco, 2.9 alcohol; LMICs 5.3 tobacco, 4.8 alcohol), but in LICs the

difference was much larger (5.2 tobacco outlets compared to just 0.8 alcohol outlets). Both tobacco and alcohol outlets were significantly less common in rural than urban communities (there were 27% ($p<0.001$) fewer tobacco outlets on average per rural community, and 52% ($p<0.001$) fewer alcohol outlets). When compared to HICs, only LMICs had a significantly greater number of both tobacco and alcohol outlets per community; there were over 2.5 times more tobacco outlets and over 4 times more alcohol outlets per community in LMICs compared to HICs (the other country income group comparisons were not significant in both the tobacco and alcohol analysis so cannot be compared).

Across all countries combined, alcohol adverts were more common (4.3 on average per community) than tobacco adverts (1.3). This prominence of alcohol adverts was seen across all country income groups (HICs: 4.1 alcohol, 0.2 tobacco; UMICs: 4.0 alcohol, 1.1 tobacco; LMICs: 6.9 alcohol, 1.0 tobacco), other than LICs where tobacco adverts outnumbered alcohol adverts (0.7 alcohol, 2.8 tobacco). Both tobacco and alcohol adverts were significantly less common in rural than urban communities (there were 60% ($p<0.001$) fewer tobacco adverts on average per rural community, and 61% ($p<0.001$) fewer alcohol adverts). None of the country income group comparisons for alcohol adverts were significant meaning no comparisons to the prevalence of tobacco adverts can be drawn.

In summary, tobacco outlets were more common than alcohol outlets, but alcohol adverts were more common than tobacco adverts.

Table 38: Comparison of the observed tobacco and alcohol marketing environment

		<u>Tobacco</u>	<u>Alcohol</u>
Number of outlets	All countries	4.2	2.9
	HIC	1.7	1.6
	UMIC	3.4	2.9
	LMIC	5.3	4.8
	LIC	5.2	0.8
Number of adverts	All countries	1.3	4.3
	HIC	0.2	4.1
	UMIC	1.1	4.0
	LMIC	1.0	6.9
	LIC	2.8	0.7

(the largest figures between tobacco and alcohol marketing are in bold)

13.1.2 Self-reported marketing

Self-reported exposure to alcohol marketing was much greater than self-reported exposure to tobacco marketing (Table 39). Across all countries combined, a greater number of individuals reported exposure to at least one type of alcohol (68%) than tobacco (45%) marketing, and at least five types of alcohol (22%) than tobacco (10%) marketing.

Self-reported exposure to 1+ types of alcohol marketing was much greater than exposure to 1+ types of tobacco marketing in all country income groups (HICs: 94% alcohol, 43% tobacco; UMICs: 64% alcohol, 41% tobacco; LMICs: 85% alcohol, 50% tobacco), except in LICs where exposure was much lower (28% alcohol, 47% tobacco). Similarly, self-reported exposure to 5+ types of alcohol marketing was greater than exposure to 5+ types of tobacco marketing in all country income groups (HICs: 44% alcohol, 3% tobacco; UMICs: 18% alcohol, 15% tobacco; LMICs: 27% alcohol, 11% tobacco), except in LICs where exposure was lower (4% alcohol, 6% tobacco).

Across all countries combined, there was much greater exposure to 1+ types of traditional tobacco and alcohol marketing (67% alcohol, 42% tobacco) than 1+ types of non-traditional marketing (32% alcohol, 18% tobacco) (Table 39). These data also show that more individuals reported exposure to 1+ types of traditional and non-traditional alcohol marketing than 1+ types of traditional and non-traditional tobacco marketing.

Exposure to the individual types of self-reported alcohol marketing was much higher than exposure to the individual types of self-reported tobacco marketing across all countries, in HICs, and in UMICs (although there was greater exposure to tobacco than alcohol cinema marketing and free samples in UMICs) and LMICs, but much lower in LICs. The largest difference in exposure was seen in TV marketing in HICs (difference of 66%; tobacco 9%, alcohol 75%; Table 21 and Table 32), and the smallest differences in exposure were seen in Internet marketing in LICs (difference 0.5%; tobacco 0.9%, alcohol 0.4%) and cinema marketing in UMICs (difference 0.5%; tobacco 4.2%, alcohol 3.7%).

The odds of exposure to at least one form of traditional tobacco and alcohol marketing were significantly lower in rural than urban communities (tobacco 28% lower ($p=0.036$), alcohol 55% lower ($p<0.001$)), as were the odds of exposure to at least one form of non-traditional tobacco and alcohol marketing (tobacco 62% lower ($p<0.001$), alcohol 78% lower ($p=0.014$)). The difference in urban and rural

exposure to traditional and non-traditional alcohol marketing is therefore greater than the difference in urban and rural exposure to traditional and non-traditional tobacco marketing. This pattern could also be seen for all but one (vouchers) of the comparative individual forms of marketing. For example, the odds of individuals reporting exposure to alcohol TV marketing was 49% lower in rural than urban communities, compared to 14% lower exposure to tobacco TV marketing in rural than urban communities.

The only country income group comparison that was significant in both the tobacco and alcohol analysis was cinema marketing in LICs; the odds of individuals in LICs reporting exposure to tobacco and alcohol cinema marketing in the last six months were 3 times higher ($p=0.003$) and 86% lower ($p<0.001$) respectively. None of the other country income group comparisons for tobacco and alcohol marketing were significant.

Table 39: Comparison of the self-reported tobacco and alcohol marketing environment

		<u>Tobacco</u>	<u>Alcohol</u>
Overall			
1+ marketing types	All countries	45.2	68.3
	HIC	42.7	93.8
	UMIC	40.6	63.6
	LMIC	49.6	84.9
	LIC	47.1	27.9
5+ marketing types	All countries	10.0	22.4
	HIC	3.2	44.4
	UMIC	15.1	18.3
	LMIC	10.6	26.6
	LIC	6.2	4.1
Traditional marketing			
Poster	All countries	19.8	33.8
	HIC	8.9	48.9
	UMIC	22.2	29.3
	LMIC	19.2	41.9
	LIC	25.2	16.1
Signage	All countries	16.4	31.1
	HIC	10.8	39.4
	UMIC	17.9	31.9
	LMIC	14.1	36.7
	LIC	22.2	13.4
TV	All countries	29.6	56.8
	HIC	8.6	74.8
	UMIC	29.5	49.0

	LMIC	38.9	80.3
	LIC	30.2	15.5
Radio	All countries	12.4	19.0
	HIC	1.8	24.8
	UMIC	16.3	16.4
	LMIC	15.9	27.9
	LIC	8.4	4.7
Print media	All countries	16.5	34.5
	HIC	25.4	80.2
	UMIC	20.0	34.1
	LMIC	12.6	27.2
	LIC	10.7	7.4
Cinema	All countries	4.8	7.1
	HIC	2.9	13.4
	UMIC	4.2	3.7
	LMIC	5.0	9.9
	LIC	7.0	3.4
1+ traditional marketing types	All countries	42.4	67.3
	HIC	34.6	92.7
	UMIC	37.9	62.3
	LMIC	47.5	84.3
	LIC	46.9	27.2
Non-traditional marketing			
Sponsorship	All countries	9.0	18.2
	HIC	10.7	44.2
	UMIC	11.8	14.9
	LMIC	7.9	16.5
	LIC	5.0	4.3
Other products	All countries	12.4	21.5
	HIC	11.7	40.7
	UMIC	15.1	18.8
	LMIC	14.3	24.5
	LIC	5.5	4.9
Internet	All countries	7.9	14.5
	HIC	8.1	30.7
	UMIC	12.7	15.2
	LMIC	7.6	13.7
	LIC	0.9	0.4
Free samples	All countries	4.2	8.1
	HIC	0.6	15.5
	UMIC	5.7	5.0
	LMIC	5.8	12.5
	LIC	1.6	0.5
Vouchers	All countries	4.2	10.7
	HIC	0.9	17.7
	UMIC	5.9	7.2
	LMIC	5.7	17.2
	LIC	1.3	0.5
1+ non-traditional marketing types	All countries	18.1	32.4
	HIC	23.6	65.7

	UMIC	20.7	27.5
	LMIC	19.6	36.2
	LIC	7.1	6.5

(the largest figures between tobacco and alcohol marketing are in bold)

13.2 Marketing Regulation and Regulatory Compliance

Chapters 10 and 12 outlined the extent of tobacco and alcohol marketing regulations in 16 diverse EPOCH countries, and presented the first analysis of levels of compliance with these regulations. The regulations explored are mostly comparable between the two industries. The tobacco marketing regulations that were included were: the sale of single cigarettes, billboard/outdoor advertising, POS advertising, national and international TV and radio advertising, local and international newspaper and magazine advertising, sponsored events, non-tobacco products identified with tobacco branding, internet advertising, free distribution, and promotional discounts. And the alcohol marketing regulations included were: billboard advertising, national and cable TV advertising, national and local radio advertising, print media advertising, cinema advertising, sponsorship of sporting and youth events, internet advertising, and free samples. This section will attempt to draw the findings together.

13.2.1 Levels of marketing restrictions

There were large differences in the number of tobacco and alcohol marketing bans in place within the EPOCH countries. All but four countries had over half of the 10 tobacco marketing bans in place, but Pakistan only had four, China only had two, and Argentina and Zimbabwe (which were the only two countries which had not ratified the FCTC) had one and zero respectively. Eight countries also had partial bans in place (a ban on national but not international TV and radio advertising and/or a ban on local but not international newspaper and magazine advertising). This generally high number of tobacco marketing bans is in stark comparison to the number of full alcohol marketing bans in place. Only five EPOCH countries had any full bans (Sweden, Turkey, Iran, India and Pakistan), but all of these had over half of the eight bans in place. In addition, 11 countries had some restrictions in place (which were a combination of bans, partial statutory restrictions, voluntary restrictions, on all or some alcohol types (wine, beer, spirits)) (Table 40).

Only Sweden, Iran and Pakistan had proportionally more full alcohol than tobacco marketing bans in place; Sweden had 70% of tobacco marketing bans in place and 100% of alcohol marketing bans, Iran had 80% of tobacco and 100% of alcohol marketing bans, and Pakistan had 40% of tobacco and 88% of alcohol marketing bans in place. Zimbabwe was the only country to have no full bans on either tobacco or alcohol marketing.

Table 40: Comparison of the number of tobacco and alcohol marketing bans

		<u>Number of tobacco marketing bans (/10)*</u>		<u>Number of alcohol marketing bans (/8)**</u>	
		Full bans	Partial bans (/2***)	Full bans	Partial bans
HICs	Canada	6	2	0	6
	Sweden	7	1	8	-
	UAE	6	2	no data	
UMICs	Argentina	1	0	0	8
	Brazil	6	2	0	5
	Chile	8	1	0	0
	Malaysia	9	0	0	6
	Poland	7	1	0	8
	South Africa	6	2	0	0
	Turkey	8	0	5	2
LMICs	China	2	0	0	2
	Colombia	10	0	0	1
	Iran	8	1	8	-
LICs	India	8	0	6	2
	Pakistan	4	0	7	1
	Zimbabwe	0	0	0	1

*data from 2010; **data predominantly from 2008; ***only applicable to bans on national/international TV and radio advertising and bans on local/international newspaper and magazine advertising

Bans on sponsored events and the free distribution of tobacco were the most common tobacco marketing bans within the EPOCH countries (both were in place in 13 countries), followed by billboard/outdoor advertising and single cigarette sale bans (both in place in 12 countries). Bans on billboard, national and cable TV, and national and local radio marketing were the most common alcohol marketing bans in place within the EPOCH countries (all three were in place in five countries).

13.2.2 Regulatory compliance

Having formal regulation in place is the first step to controlling levels of marketing, but whether or not the regulations are complied with is of vital importance to their effectiveness. Regulatory compliance with both tobacco and alcohol regulations were found to be mixed by country, country income group, community type, and by regulation.

The tobacco OGCS did not follow a pattern by country income group, although the OGCS was clearly higher in HICs – HICs had an OGCS of 89%, compared to an OGCS of 51% in UMICs, 35% in LMICs, and 68% in LICs. At the country level only the UAE had an OGCS of 100%, although it only had six of ten marketing bans in place (one of these bans applied to two EPOCH measures). Argentina had the lowest OGCS (0%, and it only had one ban in place), followed by Colombia which, although it had all ten bans in place (including two that applied to two EPOCH measures) only had an OGCS of 4%. Patterns in the alcohol OGCSs could not be assessed by country income group as only five countries had any full bans in place. At the country level, both Iran and Pakistan had an alcohol OGCS of 100%, although Iran was only assessed on compliance with one ban and both Iran and Pakistan ban alcohol to varying degrees[583, 584]. Sweden was shown to have the lowest OGCS; 28%, although it did have all eight bans in place (one of which was applied to two EPOCH measures). Due to the significant differences in the number of countries with full bans in place, it is hard to draw comparisons between the two industries. However, both sets of analysis show that simply having regulations in place does not automatically mean that they will have an impact; they must be strictly enforced for marketing to be reduced.

Correlation coefficients between OGCSs and a range of potential determinants (GDP per capita, HDI rank, corruption, government stability, government effectiveness and government expenditure on health, plus tobacco control budget per million population and tobacco production for tobacco marketing only) were all significant for both tobacco and alcohol. For tobacco marketing, the correlations were all weak to moderate; the weakest with HDI rank (-0.2291) and the strongest with GDP per capita (0.5007). Each of the correlations were in the direction expected, i.e. that the OGCS increased with greater wealth, better governance, greater spending on health and tobacco control, and less reliance on tobacco production, apart from HDI rank which showed the opposite (although as showed above, this was a very weak correlation). For alcohol marketing, the correlations were stronger; the weakest with HDI rank (0.4879) and the strongest with

government effectiveness (-0.9564). However, the correlations were not in the direction expected and showed that OGCSs increased with less wealth, worse governance, and less spending on health, apart from HDI rank which was as expected (although as showed above, this was the weakest correlation). The possible reasons for this were outlined and included the small number of countries included, the perfect OGCSs in two LMIC/LIC countries with strict alcohol consumption restrictions (Iran and Pakistan), and the greater alcohol consumption and alcohol marketing levels in HICs and MICs compared to LICs. The Pearson correlation coefficients give an indication of the relationship between good compliance and a range of potential determinants, but only offer limited detail about the associations. Despite attempts to use regression models to further develop this analysis, the models were not reliable and hence were not included in Chapters 10 and 12 (the methods, results and problems encountered are briefly outlined in Appendix 9 for interest).

When looking at average marketing exposure by regulation type (Table 41), of the 12 tobacco marketing types assessed only five showed a lower average rate of tobacco marketing within countries with a full or partial ban in place compared to those without a ban. This is in contrast to alcohol where all of the nine alcohol marketing types assessed showed a lower average rate of alcohol marketing within countries with a full ban or some restrictions in place compared to those without a ban. Additionally, levels of six of these alcohol marketing types increased as alcohol restrictions weakened; for example the number of alcohol adverts observed increased from 2.1 on average in countries with a full ban, to 3.4 in countries with some restrictions, to an average of 6.7 within countries with no ban.

Alcohol had better compliance (lower exposure) than tobacco for most individual marketing types when average exposure in countries with full bans are compared (Table 41). Compliance was better for alcohol than tobacco for self-reported posters (18.9% alcohol, 20.5% tobacco), TV (23.5% alcohol, 34.4% tobacco), radio (3.5% alcohol, 14.1% tobacco), sponsorship (7.8% alcohol, 10.3% tobacco) and free samples (4.0% alcohol, 4.6% tobacco), whereas compliance was only better for tobacco than alcohol for observed adverts (1.6 tobacco, 2.1 alcohol), and for self-reported print media (14.5% tobacco, 21.8% alcohol) and Internet (3.9% tobacco, 14.2% alcohol). However, when countries with partial/some restrictions were combined with countries with full bans, better compliance was seen for tobacco than alcohol. Compliance was better for tobacco than alcohol for observed adverts (1.6 tobacco, 2.6 alcohol), self-reported posters (20.5% tobacco, 29.0% alcohol), TV

(29.6% tobacco, 54.8% alcohol), radio (12.4% tobacco, 16.2% alcohol), print media (16.5% tobacco, 34.4% alcohol), sponsorship (10.3% tobacco, 11.6% alcohol) and Internet (3.9% tobacco, 10.8% alcohol), whereas compliance was only better for alcohol than tobacco for self-reported free samples (2.7% alcohol, 4.6% tobacco).

Table 41: Average exposure to tobacco and alcohol marketing by regulation type

<u>Tobacco</u>			<u>Alcohol</u>		
<u>Marketing type</u>	<u>Ban type</u>	<u>Average number observed/ percentage observed or self-reported</u>	<u>Marketing type</u>	<u>Ban type</u>	<u>Average number observed/ percentage observed or self-reported</u>
Observed			Observed		
Single cigarettes	Ban	30.7%	Adverts	Full ban	2.1
	No ban	32.5%		Some	3.4
Adverts	Ban	1.6		No ban	6.7
	No ban	0.6	Self-reported		
POS	Ban	36.5%	Posters	Full ban	18.9%
	No ban	27.4%		Some	41.2%
Self-reported				No ban	44.1%
Posters	Ban	20.5%	TV	Full ban	23.5%
	No ban	18.25%		Some	73.4%
TV	Full ban	34.4%		No ban	82.6%
	National only	13.3%	Radio	Full ban	3.5%
	No ban	30.3%		Some	24.2%
Radio	Full ban	14.1%		No ban	65.7%
	National only	6.8%	Print media	Full ban	21.8%
	No ban	11.8%		Some	46.0%
Print media	Full ban	14.5%		No ban	33.5%
	Local only	23.5%	Cinema	Full ban	6.0%
	No ban	15.8%		Some	7.4%
Sponsorship	Ban	10.3%		No ban	7.7%
	No ban	6.1%	Sponsorship	Full ban	7.8%
Other products	Ban	12.9%		Some	14.7%
	No ban	12.1%		No ban	25.5%
Internet	Ban	3.9%	Internet	Full ban	14.2%
	No ban	12.0%		Some	9.2%
Free samples	Ban	4.6%		No ban	18.3%
	No ban	3.2%	Free samples	Full ban	4.0%
Vouchers	Ban	5.8%		Some	2.1%
	No ban	2.1%		No ban	14.1%

PART 4: DISCUSSION AND CONCLUSION

Chapter 14: Discussion and Conclusion

The TI and AI are similar in that they both produce products that are harmful to health and are subjected, to a greater or lesser degree, to regulations regarding the marketing of their products. Tobacco, however, is a product that has been severely stigmatised in a way that alcohol has not yet been; in many countries alcohol is ingrained into society and social practices, evidence relating to its negative health effects is not as developed, conclusive, or as long-standing as that for tobacco, and evidence relating to its political activity is also far less substantial.

As stated in a recent editorial[10], there is “a pressing need to improve our understanding of how corporations contribute to this [the NCD] disease burden, both directly through the promotion of products damaging to health and indirectly through influence over public policy”; this thesis has addressed both of these elements.

The main findings from all three major sections of this thesis (the systematic reviews of TI and AI political activity, the analysis of the tobacco and alcohol marketing environment, and the analysis of tobacco and alcohol regulation and industry compliance) will first be outlined, followed by a discussion of the thesis’ limitations and recommendations for future research. The chapter will then revisit the initial objectives of the thesis and outline how these were met, and conclude with a final comment on the policy implications of the work presented in this thesis.

14.1 Summary of Findings

14.1.1 Main findings and policy implications of the systematic reviews

Significant commonalities were identified between TI and AI political activity, supporting previous research that suggests that ‘Big Tobacco’ and ‘Big Booze’ may operate in similar ways[334]. Between the two reviews, six main strategies were identified (information, constituency building, policy substitution, legal, constituency fragmentation and destabilization, and financial incentive) as were five main frames (negative unintended consequences, legal, regulatory redundancy, insufficient evidence, and complex policy area), with significant overlap between the two industries. For example, although the counting element of the reviews must be used with caution, some of the most commonly used tactics by both industries were direct

lobbying, developing/promoting voluntary codes, and internal constituency building, and one of the most commonly used arguments was that there is insufficient evidence. Additionally, many of the arguments used by the TI and AI fitted within a cost-benefit meta-frame, where the costs of a proposed policy are overplayed and the benefits underplayed. Compared to these similarities, differences were minimal. For example, there was no evidence of the AI using the 'constituency fragmentation and destabilization' strategy or the TI using the 'complex policy area' frame. The main difference was that many of the arguments used by the AI were supported by CSR activities; this is perhaps due to the AI being at an earlier policy stage than the TI and therefore still able to use CSR activities globally to boost their credibility and form relationships ahead of regulation.

Through the completion of these two systematic reviews, two novel taxonomies were developed; one for the categorisation of strategies/tactics and one for the categorisation of frames/arguments. These mark the first attempt to develop comprehensive, evidence-based taxonomies of corporate political activity. The reviews highlighted the weakness of Hillman and Hitt's[357] framework by showing the naivety of the exchange theory-based approach, and found that the TI and AI use a wider range of tactics and arguments than existing taxonomies demonstrate. The work also showed that the tactics and arguments used were not geographically specific, suggesting they are transferable.

In summary, the systematic reviews presented in Chapters 5 and 6 have confirmed substantial commonalities between TI and AI political activity, and found that TI and AI tactics and arguments are used across jurisdictions. The similarities of TI and AI political activity demonstrates that the taxonomies could also be applied to other policy areas or industries. The implications of these findings are as follows. First, policymakers and public health advocates now have detailed information regarding how the TI and AI may try to influence future marketing-related (and perhaps other) regulation. This information can potentially be used to prepare effective counter strategies and allow them to better target their limited resources in order to minimise industry's impact on public health policy. Second, as tobacco policy is ahead of alcohol policy, the findings could potentially be used as an indication of the AI's future political activity. This again means that resources can be better targeted, and perhaps means that AI political activity can be pre-empted and therefore countered more quickly. And finally, the similarities between TI and AI political activity highlights that perhaps the two industries should be treated in the same way, and similarities such as the use of misleading arguments and pushing for ineffective

voluntary (rather than binding) regulation suggests that alcohol policy would benefit from excluding the AI from policy discussions and enhancing transparency (supporting calls for an FCTC-equivalent for alcohol). Enforcing the recommendations of global treaties is paramount to their success, but six years after strong guidelines were adopted in 2008[330] for the implementation of Article 5.3 of the FCTC (which focuses on removing the TI from the policymaking process (Box 3)) there are concerns that many governments are still engaging with the TI[376]. Although the FCTC is seen as the “most powerful tool” available for tackling NCDs globally[328], and its reference to the role that industry plays was unprecedented, an FCTC-equivalent for alcohol will only work if its recommendations are embraced globally and enforced (and it has been argued that the political will to implement such strong policies does not currently exist[328]).

14.1.2 Main findings and policy implications of the tobacco and alcohol marketing environment analysis

High levels of tobacco and alcohol marketing were found globally, although alcohol marketing (both observed and self-reported) was much more prevalent than tobacco marketing in the EPOCH countries. Specifically, for almost all measures (including the composite measures) there was more alcohol than tobacco marketing across all countries combined, in HICs, UMICs and LMICs. Only in LICs did tobacco marketing outweigh alcohol marketing. The number of outlets observed was the only measure that did not fit this overall pattern; there were more observed tobacco than alcohol outlets across all countries combined and in all country income groups.

The lower level of tobacco marketing may reflect the impact of FCTC restrictions on tobacco advertising, and the lack of binding global, and in many cases national, restrictions on alcohol advertising. However, the Global Strategy does recommend that all WHO Member States (which includes each of the EPOCH countries[591]) restrict alcohol marketing. As shown above, the only marketing measure that was not lower for tobacco was observed outlets. This may reflect the fact that the FCTC does not address outlet density, meaning there are no requirements for countries to restrict the number of tobacco outlets, and the lower number of alcohol outlets is perhaps due to some nations having restrictions on alcohol sales (in the form of monopolies and licences). The lower levels of observed and self-reported alcohol marketing in LICs compared to other country income groups may also reflect their earlier stage of the alcohol epidemic, and the greater existence of informal markets such as the production of home-made and home-brewed alcohol[14, 73, 586]. These types of products would not be marketed, and would not therefore be

captured by EPOCH – the level of marketing does not, therefore, necessarily reflect product availability.

Some of the significant results from the statistical analysis were as follows. Compared with HICs the observed number of tobacco adverts per community was 81 times higher in LICs, the observed number of tobacco outlets per community was 2.5 times higher in both LICs and LMICs and the observed number of alcohol outlets was over 4 times higher in LMICs, and the odds of self-reported exposure to at least one form of traditional tobacco marketing were almost 10 times higher in LICs. It was also found that for all but two tobacco measures (self-reported TV and radio marketing), there was significantly less tobacco and alcohol marketing in rural than urban communities, and that this urban/rural difference was greater for alcohol than tobacco marketing for all but one measure (vouchers). Overall the findings showed high levels of both tobacco and alcohol marketing. Across all countries combined, 10% and 22% of individuals reported seeing five or more types of tobacco and alcohol marketing respectively in the last six months, and 45% and 68% of individuals reported seeing at least one type of tobacco and alcohol marketing respectively.

The implications of the EPOCH analysis presented in Chapters 9 and 11 are as follows. First, the high levels of tobacco marketing globally, despite FCTC ratification, indicate to the WHO and to national policymakers that the legally binding controls on marketing included within the FCTC are not, in many cases, being enforced or complied with. This therefore provides policymakers with the necessary information about where enforcement needs to be strengthened and in which countries compliance needs to be carefully monitored. Similarly, the very high levels of alcohol marketing indicate to policymakers that countries need to urgently restrict alcohol marketing. This is despite the 2010 Global Strategy having made recommendations that all WHO Member States (which includes all of the EPOCH countries) restrict alcohol marketing. Second, tobacco marketing was found to be highest in lower income countries, which perhaps indicates that some lower income countries lack capacity to implement and enforce controls on tobacco marketing. It is therefore important that these countries are encouraged to utilise the provisions within the FCTC (Articles 22 and 26) that require richer Parties to collaborate and provide financial assistance to developing or transitional countries to help them fulfil their FCTC obligations. Alcohol marketing was found to be least prevalent in lower income countries which, given that alcohol is not yet a major cause of death and disability in LICs, policymakers have the opportunity to introduce alcohol marketing

regulations now in order to help minimise the spread of the alcohol epidemic. Overall, the high levels of marketing show that there is an urgent need for countries to develop, implement, and enforce comprehensive controls on tobacco and alcohol marketing.

14.1.3 Main findings and policy implications of the analysis of tobacco and alcohol marketing regulation and levels of industry compliance

The FCTC appears to have had a positive impact on the extent of tobacco marketing regulation, as the two EPOCH countries which had not ratified the FCTC had the fewest marketing regulations in place. However, the number of tobacco marketing regulations that a country had in place did not appear to increase with the number of years since FCTC ratification. The analysis also found that two thirds of included countries had no full alcohol marketing bans in place. The extent of tobacco and alcohol marketing regulation did not appear to be linked with country income group.

Where tobacco and alcohol marketing bans were in place, compliance was often poor. Exposure to tobacco marketing was frequently higher in countries with full or partial bans in place compared to those without a ban, although the results were mixed. This suggests that either some specific tobacco marketing restrictions are harder to enforce or deliberately not complied with, or perhaps that regulation has recently been introduced in countries with particularly high rates of specific types of marketing and enforcement is still being refined. Comparatively, exposure to all nine types of alcohol marketing was lower in countries with full bans or some restrictions in place compared to those without a ban. This suggests that restrictions on alcohol marketing are effective at reducing marketing levels, or that regulations have been predominantly introduced by countries where rates of specific types of marketing are already low. Causality cannot be inferred from this cross-sectional study, but there is a wealth of evidence regarding the effectiveness of tobacco and alcohol marketing bans[2, 14, 17, 158, 163, 164, 221, 317-319, 345].

The implications of the EPOCH analysis presented in Chapters 10 and 12 are as follows. First, the number of tobacco marketing bans in each country varied, and compliance was mostly poor (exposure to tobacco marketing was also commonly higher within countries with a full or partial ban compared to those without). This highlights that there is an urgent need for countries to implement and then properly enforce national regulations and the legally binding controls on marketing included

within the FCTC. Second, there was a general lack of comprehensive alcohol marketing regulations, and where there were comprehensive bans compliance was often poor (although exposure to all forms of alcohol marketing was lower in countries with a full ban or some restrictions compared to those with no restrictions). Due to the significant role that alcohol consumption plays in the major NCDs, this highlights an urgent need for countries to implement and then enforce marketing regulations, such as with the introduction of an FCTC-equivalent for alcohol. Additionally, many countries had restrictions on the marketing of only some forms of alcohol, but given that all types of alcohol are harmful policymakers should work to ensure marketing restrictions are applied to all alcohol products. Overall, the analysis showed that simply having regulations in place does not necessarily have an impact unless they are strongly enforced. The continued monitoring of compliance is therefore of huge importance in understanding and identifying what is actually occurring on the ground.

14.2 Limitations and Future Research

14.2.1 Limitations

The aim of this thesis was to develop understanding of the tobacco and alcohol industries as determinants of health. This has been achieved through focussing on the main way in which the TI and AI communicate with potential and current customers: marketing. TI and AI marketing has been explored through the completion of two systematic reviews investigating how the two industries attempt to influence marketing-related regulation, and through analysis of their marketing practices and levels of compliance with marketing-related regulation. However, there are many difficulties in attempting to measure the impact of industry on health. The limitations of each piece of analysis presented in this thesis were outlined within each chapter's discussion section, and the limitations of EPOCH (the data upon which Chapters 9-12 are based on) were outlined in Chapter 8.

The limitations of the systematic reviews highlighted the significant problems encountered when attempting to examine and comprehend the plethora of tactics and arguments used globally by the TI and AI. For example, publication bias affected which tactics and arguments were ultimately included within the reviews, and the lack of information regarding industry's attempts to influence marketing regulations within the included articles meant that little context was provided and the success or failure of individual tactics and arguments could not be assessed.

The limitations of the EPOCH data and subsequent analysis showed some of the difficulties of attempting to quantify and understand the corporation as a determinant of health, and the difficulties of attempting to measure the prevalence of industry marketing and levels of industry compliance with regulation across and within multiple jurisdictions. For example, one limitation of the EPOCH study is that, although diverse[549], the 16 countries included were not necessarily representative of LICs, MICs, and HICs generally, nor were the selection of communities within each country necessarily representative of all communities meaning that the results could not reliably be extrapolated to all communities within a country or to other countries in any of the income groups. A second limitation is that the sample size (both the number of communities and number of individuals) varied by country and more uncertainty would be expected in an estimate for a country in which only a few communities are sampled. And third, ensuring that the sampling and data collection methods were comparable and equal between countries and communities was not simple, however researchers were trained and a detailed manual was produced to try and minimise any country- or community-level differences.

However, despite the limitations, the systematic reviews have significantly added to the sparse literature on TI and AI political activity, and have led to the development of two novel and comprehensive taxonomies which now also have the potential to be applied to other policy areas or industries, and the results from the EPOCH analysis have added significantly to the sparse existing literature on levels of TI and AI marketing and levels of regulatory compliance.

14.2.2 Suggestions for future research

In order to build upon the significant and important findings of this thesis, there are a number of suggestions for areas of future research.

First, the two systematic reviews presented in this thesis both focussed on marketing regulations, and so it is now hoped that the new taxonomies developed can be expanded to cover other policy areas related to tobacco and alcohol. It is also hoped that the taxonomies can then be applied to additional industries related to NCDs, such as the food industry which also produces products with the potential to damage health.

Second, as with the systematic reviews, it is now hoped that the EPOCH analysis presented within this thesis can be applied to the marketing of other products that have an impact on NCDs such as food industry marketing (data on which is also collected in the EPOCH study). EPOCH is due to be repeated every five years,

within the same countries and communities, and with the same individuals, therefore ultimately becoming a longitudinal study. It is therefore hoped that the analysis presented in this thesis will be repeated, incorporating the new rounds of data collection in order to assess marketing trends over time. Longitudinal data would also allow the relationship between marketing levels and the impact on health behaviours such as smoking or drinking to be explored, thereby advancing understanding of the importance of industry (through industry marketing) as a determinant of health. Causality is difficult to accurately infer, but this analysis would be interesting across such a wide range of diverse countries. Additional countries, such as Bangladesh and Palestine, are also now part of EPOCH (data from these countries were not available in time for this work) so the analysis presented could also be repeated with inclusion of these additional countries, as additional countries will help to ensure robustness. The regression models attempted with the EPOCH compliance data could also be repeated once additional countries are added to the study. Overall, as this thesis has focused on providing an overview of the marketing environment and levels of industry compliance with marketing regulations across and within multiple countries, future research could now aim to develop understanding of why the results are as they are at the national level. International agencies, such as the WHO, or national governments may wish to investigate why, for example, a particularly high percentage of individuals reported exposure to print media tobacco marketing in Sweden, or why there are such large differences in the amount of alcohol marketing regulation between countries of a similar income.

In light of some of these limitations, and because secondary data analysis relies on the necessary data having been collected, there are also some recommendations to further develop and improve future EPOCH data collection. First, individuals were only asked whether or not they saw certain types of marketing in the last six months, not how often they saw it. By also asking how often each type of marketing was observed, researchers and policymakers would have a much better indication of total marketing exposure. Second, as the self-reported data is entirely retrospective it would be beneficial for some prospective data to be collected, for example through the completion of a diary over a week or month. This would eliminate or significantly reduce the possibility of recall bias. Third, EPOCH only includes adults from age 35, but as individuals who smoke or drink usually begin doing so in adolescence, it would be beneficial to also include a younger population so that the relationship between levels of marketing and smoking/drinking initiation could be explored. Forth, as there are limits to how well a 1km walk can represent

an entire community, it would be beneficial for a longer walk, or multiple walks, to take place within each community. This is, however, both finance and time dependent. Finally, it would be helpful if additional data were collected regarding the marketing observed and reported, specifically which type of alcohol the AI marketing related to. This information would have been extremely beneficial when attempting to assess AI regulatory compliance as the majority of alcohol marketing regulations are specific to alcohol type.

14.3 Addressing the Initial Objectives

This thesis has met all of its original objectives:

1. To collate and describe background information and data relevant to objectives 2-6.

This objective was met in Part 1 through an extensive literature review covering the relevance of tobacco and alcohol (and the TI and AI) to health outcomes, TI and AI marketing practices and marketing's impact on smoking and drinking initiation and prevalence, and the global tobacco and alcohol marketing-related regulatory environment and how the TI and AI attempt to influence it. This Part showed why the TI and AI should be considered determinants of health, and highlighted gaps in the literature for this thesis to address.

2. To use the existing literature to systematically review the ways in which the tobacco and alcohol industries have attempted to influence marketing policies globally, identifying similarities and differences by industry and geography.

This objective was met in Part 2 through the completion of two novel systematic reviews. The research collated for objective 1 showed that, although there had been multiple attempts to list and categorise corporate tactics, and minimal work exploring corporate arguments, systematic reviews of the arguments and tactics used by the TI and AI when attempting to influence marketing regulations had not previously been completed. Both of the reviews presented in Part 2 have been published or are under review by peer-reviewed journals (the TI review has been published in *PLOS ONE* and the AI review is under review at *Addiction*).

Significant commonalities were identified between TI and AI political activity. It was found that the TI and AI use a similar narrow range of consistent, and non-geographically specific, tactics and arguments when attempting to influence

marketing regulation. It was also found that many of the arguments used by the TI and AI fit within a cost-benefit meta-frame, where the costs of a proposed policy are overplayed and the benefits underplayed. The more advanced nature of tobacco control policy also means that the TI systematic review can potentially be used as an indication of the AI's future political activity, especially when they are less able to rely on CSR-related strategies as they do currently. The findings from these systematic reviews provide policymakers with a greater understanding of the range of tactics the TI and AI may use when attempting to influence policy, and the types of arguments they are most likely to make when they do.

3. To develop taxonomies to categorise the tactics and arguments used by the tobacco and alcohol industries when they attempt to influence marketing policies, and to develop the taxonomies in a way which allows them to be applied to other policy areas and industries.

This objective was also met in Part 2, through the development of two taxonomies; one for industry strategies/tactics and another for industry frames/arguments. The research collated for objective 1 showed that, although there had been multiple attempts to list and categorise corporate tactics, and minimal work exploring corporate arguments, taxonomies of corporate tactics and arguments had not been developed.

Through the application of these taxonomies to two industries (initially the TI, followed by the AI), this thesis has demonstrated the ability of the taxonomies to be applied to different industries, and has demonstrated the political and scholarly value of doing so. It is understood (through personal correspondence between my primary supervisor, Professor Anna Gilmore, and Dr Gary Sacks and Professor Boyd Swinburn at Deakin University, Australia) that the taxonomies are currently being applied to the activities of the food industry.

4. To use new data to examine levels of tobacco and alcohol industry marketing across and within a diverse range of countries, the nature of this marketing, and the extent to which it varies by industry, country, level of development (high income, upper-middle income, lower-middle income, and low income), and urban and rural communities.

This objective was met in Chapters 9 and 11. The research completed for objective 1 showed that there was very little literature on the amount of tobacco and alcohol marketing globally, and no studies which formally compared levels of marketing

across and within a diverse group of countries. EPOCH data were used to examine levels of observed and self-reported tobacco marketing between and within 16 countries, and observed and self-reported alcohol marketing between and within 13 countries (three countries were removed due to their significant alcohol restrictions). Data were presented for individual countries (split into urban and rural communities) and for country income groups. Statistical tests were also used to formally compare marketing levels between urban and rural communities and between country income groups. The tobacco marketing environment chapter (Chapter 9) will shortly be submitted to *The Lancet* for consideration.

High levels of tobacco marketing were identified, despite the FCTC having been ratified in all but two EPOCH countries; 45% of individuals reported exposure to one or more types of marketing, and 10% of individuals reported exposure to five or more types. Tobacco marketing was highest in LICs, and highest in urban communities. Even higher levels of alcohol marketing were identified across the EPOCH countries; 68% of individuals reported exposure to one or more types of marketing, and 22% of individuals reported exposure to five or more types. Alcohol marketing was lowest in LICs, and highest in urban communities. The findings from this analysis showed that both TI and AI marketing was highly prevalent across the EPOCH countries and that, in order to protect health, there was an urgent need for countries to implement and enforce comprehensive controls on marketing.

5. To explore the extent of tobacco and alcohol marketing regulations across a diverse range of countries.

This objective was met in Chapters 10 and 12. Data regarding the presence of marketing regulation was collected from official sources for the 16 EPOCH countries.

It was found that tobacco marketing regulation was present in all but one country, but there was no pattern in the amount of regulation by country income group. The FCTC appeared to have had a positive impact on the extent of marketing regulation, as the two countries which had not ratified the FCTC had the fewest marketing regulations in place in 2010. It was also found that comprehensive alcohol marketing regulation was absent from two thirds of the EPOCH countries, and again there was no pattern by country income group. This research showed that more tobacco and alcohol marketing regulation needed to be implemented across the EPOCH countries, even including more tobacco marketing regulations in countries which had ratified the FCTC five or more years earlier.

6. To use new data to explore the extent to which the tobacco and alcohol industries comply with marketing regulations across and within a diverse range of countries, identifying whether this varies by industry, country, level of development (high income, upper-middle income, lower-middle income, and low income), and urban and rural communities.

This objective was also met in Chapters 10 and 12. The research completed to meet objective 1 showed that there was minimal existing literature on TI and AI compliance with marketing regulations globally. Where marketing bans were in place, EPOCH data were used to assess levels of compliance with regulation; each country was assigned two compliance scores (one for urban communities and one for rural).

Compliance with tobacco and alcohol marketing regulations was mixed by country, country income group, community type, and by regulation. There were no distinct patterns by country income group, although compliance with tobacco marketing regulations appeared to be best in HICs. Exposure to tobacco marketing was frequently higher in countries with full or partial bans in place compared to those without a ban, although the results were mixed, whereas exposure to all nine types of alcohol marketing was lower in countries with full bans or some restrictions in place compared to those without a ban. A range of potentially important determinants of good compliance with tobacco and alcohol marketing regulations were also identified, although the associations were not in the direction expected for alcohol. Overall this analysis showed that much more needs to be done to enforce tobacco and alcohol marketing-related regulations and to ensure industry compliance.

7. To explore the implications of the findings for global tobacco and alcohol control policy.

This chapter and the discussion sections of Chapters 5, 6, and 9-12 meet this objective.

14.4 Overall Policy Implications and Final Comment

Corporate profit and public health currently fundamentally conflict. Corporations are required, by law, to maximise profits for their shareholders and the TI and AI are therefore legally required to sell as many tobacco and alcohol products as possible, “regardless of the often harmful consequences it might cause to others”[99], and

must actively oppose regulation that could reduce sales or affect profits. Corporations have no obligation to consider public health in any of their decision making, and will only do so if it is beneficial to their bottom line.

The TI and AI are increasingly globalised and are able to operate across multiple jurisdictions thanks, in part, to international trade treaties. Their vast size means that they have huge resources available to them, for example TI revenue in 2010 was more than the GDP of all but 18 countries[116]. Neither public health advocates nor policymakers can match the level of resources available to the TI and AI, and this makes countering TI and AI political activity very difficult. It is therefore vital that public health advocates and policymakers are armed with as much knowledge about the activity of the TI and AI as possible so that they can target their limited resources effectively to have the largest impact. The systematic reviews presented in Part 2 have significantly contributed to this knowledge by showing that the two industries use a similar narrow range of consistent, and non-geographically specific, tactics and arguments when attempting to influence marketing regulation. The more advanced nature of tobacco control policy also means that the TI systematic review can potentially be used as an indication of the AI's future political activity, especially when they are less able to rely on CSR-related strategies as they do currently (as shown by the AI systematic review).

Analysis of EPOCH data presented in this thesis has also found that levels of TI and AI marketing are high globally. The ubiquitous nature of tobacco marketing was in spite of FCTC ratification (all but two of the included countries had ratified the FCTC). Statistical analysis found that tobacco marketing was greatest in lower income countries and in urban, rather than rural, communities. Alcohol marketing was found to be even more common than tobacco marketing, and was lowest in LICs and again highest in urban communities. The high levels of marketing identified were in part due to poor compliance with tobacco marketing regulations and a complete lack of comprehensive alcohol marketing-related regulations in almost all of the included countries. Given what this thesis has shown, governments need to ensure that there is sufficient regulation in place and that it is appropriately enforced to ensure that TI and AI marketing is minimised. As “any outcome other than profit for investors is immaterial”[11], corporations need to be compelled, through effective regulation, to prevent or reduce activities (such as marketing) that drive profits but have a negative impact on public health.

This thesis began with reference to the 2011 UN High-Level Meeting on NCDs which had identified tobacco and alcohol use as two of the four major risk factors common to all four of the main global NCDs. In December 2013, the UN released a report which outlined the progress that had been made by countries in addressing the objectives agreed at the Meeting to “reduce premature mortality and avoidable morbidity of non-communicable diseases, and mitigate their impacts”[319] in preparation for a comprehensive review to begin in 2014. Restricting or banning tobacco and alcohol marketing were identified as two of the most cost-effective interventions available. Almost all of the countries surveyed had a plan in place to address tobacco use, whereas many fewer countries had a plan in place to address the harmful use of alcohol[319]. The UN acknowledged that progress to reduce NCDs “has been insufficient and highly uneven” and recommended that countries should implement cost-effective interventions such as restrictions on marketing[319]; this thesis supports these findings.

Many academics have suggested that countries should work towards a ‘tobacco endgame’[594-599] where, for example, smoking prevalence is zero (or close to zero), sales of tobacco are banned, and tobacco use is denormalised within society. Although the FCTC is seen as the “most powerful tool” available for tackling NCDs globally[328] and has the potential, through its numerous Articles, to end or significantly reduce tobacco consumption globally, this is only likely if its recommendations are implemented and actively enforced. Although, through analysis in this thesis, TI marketing levels were found to be lower than levels of AI marketing, compliance with tobacco marketing regulations was still often poor. Much has been achieved with the development of the FCTC but, despite having 179 Parties[326], this thesis has shown that in 2010 there was still much more to do; additional tobacco marketing regulation needed to be implemented in many countries which had ratified the FCTC, and the WHO, national governments, and public health groups need to focus on significantly improving enforcement of the legally-binding marketing-related recommendations of the FCTC.

Currently it would be almost impossible to remove alcohol from society and ban its consumption as in many countries alcohol is ingrained into society and social practices. Perhaps the ‘endgame’ for alcohol should instead be to reduce consumption levels and eliminate highly dangerous binge drinking. However, as this, in many countries, would require a shift in cultural norms perhaps consumers need to be made more aware of the harmful effects of even minimal alcohol consumption (through, for example, mass-media campaigns) to firstly help reduce

levels of dangerous alcohol consumption, and secondly to give policymakers additional constituent support to assist in the implementation of alcohol-related policy. As this thesis has shown, AI marketing has been linked to increases in drinking initiation and prevalence. By banning alcohol marketing, or at very least restricting it to responsible marketing (for example, banning marketing that targets youth (including products such as alcopops and advertising at times and on mediums with a large youth audience), selling products below cost, and selling and packaging products in ways that encourage purchasing and consuming larger amounts) huge benefits to health could be seen; the alcohol systematic review showed that the responsible consumption of alcohol is even something that the AI themselves claim to promote. Research presented in this thesis has shown that in 2010 there was comparatively little alcohol marketing in LICs. This means that national governments and the international community have the opportunity to intervene and restrict marketing in these countries now, as this could prevent alcohol marketing from increasing in these countries and the alcohol epidemic from escalating further globally. Due to the globalisation of the alcohol epidemic, a global approach is needed; AI marketing needs to be controlled globally and regulations need to be enforced.

Both tobacco and alcohol consumption cause a large proportion of global deaths and disability. The two systematic reviews presented in this thesis showed that both the TI and AI actively attempt to influence the development of policy globally through the use of similar and often underhand tactics and arguments. Due to their legal obligation to maximise profits for their shareholders, this is not unexpected; both the TI and AI must work to stop, diminish, or delay any regulation that would potentially be detrimental to their business and profits. Part 1 showed that the TI and AI use similar methods to market their products, and analysis of EPOCH data showed that tobacco and alcohol marketing was very high globally. It also showed that compliance with marketing regulations was often poor. This thesis has therefore shown that, in order to reduce the harm caused by tobacco and alcohol products, the vector of these epidemics (the TI and AI) must urgently be considered as a significant factor in the 'determinants of health', echoing recommendations from academics such as Wiist[11] and Freudenberg[13, 88]. This thesis has also shown the importance and necessity of keeping both industries away from the development of policy, and to strongly enforce marketing policy globally; it cannot be assumed that the TI or AI will comply with regulations.

In light of these huge similarities, it seems surprising that the global community deals with the two industries in such different ways. Until the AI is removed from the policymaking process and there is a global approach to tackle AI marketing, the alcohol epidemic will likely worsen. I therefore echo calls for the introduction of an FCTC-equivalent for alcohol (a FCAC), as if it is properly enforced, it would compel countries to protect policymaking from the vested interests of the AI and to implement comprehensive alcohol marketing restrictions. It is recommended that the AI be subjected to similar regulations as the TI sooner rather than later, as waiting will allow the AI to further influence national and international policy and allow them to market their products even more widely. Alcohol policy also has the opportunity to learn from the difficulties and successes associated with international tobacco control policy and the development of the FCTC.

As research into the health impacts of alcohol consumption is not as developed, conclusive, or as long-standing as that for tobacco, it is hoped that more large-scale studies will be completed over the coming years to add to this body of literature. Similarly, additional studies of AI political activity are needed to add to the limited existing literature on how the AI attempts to influence policy. Without definitive and indisputable findings in both of these areas, developing and implementing national, and especially global, policy to reduce the harm caused by alcohol (for example through the curbing of industry marketing and removal of the AI from the policy-making process) will be difficult. It would also be likely to be met with strong opposition from the AI, associated industries, and even from governments due to the reduction of an often large and important revenue stream.

In summary, this thesis has shown the value of studying how the TI and AI operate globally, and the vital importance of monitoring levels of marketing and compliance with marketing-related regulation. Further work and analysis of this type will be important in the future to build on this thesis' findings, to ensure better compliance with the legally-binding recommendations of the FCTC, and to help support calls for a FCAC.

Appendices

Appendix 1: Tobacco Industry Systematic Review Data Extraction

<u>Study</u>	<u>Extracted information</u>
Alechnowicz and Chapman, 2004 [438]	<p><u>Geography</u> The Philippines</p> <p><u>What policy is the TI attempting to influence</u> In 1991, proposals for national legislation to introduce health warnings [on packs] resurfaced.</p> <p><u>Tactics used</u> In 1994, the Philippines Industry Association commenced a lawsuit against regulation requiring that the side panel health warning be replaced by back and front notices covering 25% of both panels.</p> <p><u>Arguments used</u></p>
Apollonio and Malone, 2010 [453]	<p><u>Geography</u> USA</p> <p><u>What policy is the TI attempting to influence</u> General youth access regulations</p> <p><u>Tactics used</u> The tobacco industry and retailers anticipated from the program's inception that We Card could be used to block stronger policies restricting youth access to tobacco. Industry surveys in 1996 found that retailers saw this as an excellent use of the program.... Similarly, Tobacco Institute lobbyists viewed the program as primarily political, noting in a 1997 report: "Once again, work by the WE CARD Coalition has been instrumental in state efforts to enact reasonable youth access laws." As an example of "reasonable" laws, the memo praised state laws preempting stronger local legislation.</p> <p><u>Arguments used</u></p>
ASH, 2010 [435]	<p><u>Geography</u> Transnational</p> <p><u>What policy is the TI attempting to influence</u></p> <ol style="list-style-type: none"> 1. UK: The Health Act (2008/9) 2. Canada: Plain packaging (1993) 3. Hong Kong: Plain packaging (1995) 4. European Union: Ban on 'light' and 'mild' (2000) 5. UK: Tessa Jowell's Private Members Bill and the Lewis Bill (1994) 6. UK: Tobacco Advertising Bill (2000) <p><u>Tactics used</u></p> <ol style="list-style-type: none"> 1. When Alan Johnson, former secretary of state for health, launched the consultation on the future of tobacco control in Britain in may 2008, the tobacco companies, Philip Morris, British American Tobacco, Imperial Tobacco and Japan Tobacco International responded to the consultation paper to argue the case against the introduction of plain packaging....Front groups also made the same arguments: The European Communities Trade Mark Association (ECTA), The International Trademark Association (INTA), British Brands Group, The Anti Counterfeiting Group, Business Action to Stop Counterfeiting and Piracy (BASCAP), Trans Atlantic Business Dialogue (TABD), Global Intellectual Property Centre, Tobacco Control Accountability Initiative, Markenverband, Nude Brand Creation. <p>Imperial Tobacco wrote to the Department of Health and members of the house of lords giving notice that it would seek judicial review of any</p>

	<p>legislation barring branded packs.</p> <p>2. The tobacco companies acted together. In 1993 a “Plain Pack Group” was formed representing British American Tobacco, RJR Tobacco International, Gallaher, Reemtsma, Rothmans, Benson & Hedges, Imperial, Rothmans International Services and Philip Morris International.</p> <p>The tobacco companies came together in 1993 to counter the threat of plain packaging in Canada and developed a common strategy. They decided to create a ‘plain packs bible’. John Luik was commissioned by the Plain Pack Group to do this.</p> <p>Other “front men” recruited by the Plain Pack Group included John Murphy and Iain Mills. Mills was a Conservative Party politician in the United Kingdom, and in 1994 Mills advised Rothmans on how to influence parliamentarians against packaging reform. This was during a period when a Private members Bill had been tabled by Kevin Barron MP to ban tobacco advertising.</p> <p>5. The Lewis-Jowell Working Group was convened, with all the major tobacco companies taking their part in setting out a plan of action. It was decided that the TMA would write to all potential supporters, while the companies would contact those MPs with whom they already had a relationship. They listed MPs they planned to target for support and advice from both sides of the house but notably John Carlisle, who later became the TMA’s Public Affairs Director, and Iain Mills who offered them advice around the time of the Barron Bill.</p> <p>6. The tobacco industry also encouraged a range of other organisations including the British Brands Group, Association of Convenience stores and the Advertising Association to lobby the Government on the economic impact of an advertising ban.... seeing the writing on the wall in 2001, the TMA advised its members to make a last ditch attempt to reinstate the voluntary agreement.</p> <p><u>Arguments used</u></p> <p>1. Imperial Tobacco wrote to the Department of Health and members of the house of lords giving notice that it would seek judicial review of any legislation barring branded packs. The letter stated, “Imperial Tobacco is also concerned about the continued erosion and potential expropriation of our valuable intellectual property rights... Regulation that requires plain packaging will expropriate valuable corporate assets in which the company and its shareholders have invested for more than a century and risks placing the UK government in breach of a range of legal and treaty obligations that relate to intellectual property rights, international trade and EU law.” ... Japan Tobacco international (JTI) responded saying that plain packaging would be “in breach” of TRIPs and the Paris Convention.... BAT responded saying that Intellectual property rights are ‘a cornerstone of economic activity’, hence both their significant value to their owners and the wider economy and the need for them to be protected effectively at both the domestic and international levels.</p> <p>The UK Government is not entitled to interfere with trade mark and related intellectual property rights in respect of lawful products by reference to the nature of those products, because such an interference would be contrary to the harmonised EU and international system of trade mark protection with which it is obliged to comply.” ... Philip Morris responded saying that</p>
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	<p>“plain packaging will squarely conflict with” TRIPS and the Paris Convention.</p> <p>2. Together tobacco companies developed key messages including:</p> <ul style="list-style-type: none"> • “Plain packaging will do nothing to achieve its [the Canadian Government’s] anti smoking objectives at considerable potential cost in jobs, international trade problems and smuggling” • “Plain packaging may be illegal” • Plain packaging is “merely harassment of smokers” • There was no evidence that plain packaging would reduce smoking and “ could, in fact, have the opposite effect of that intended” • “The assumption is that changes in the packaging will lead to changes in behaviour. There is no clear evidence that removing the trade mark, or dispensing with the pack design, will affect behaviour.” • “Prohibiting the use of trademarks is contrary to GATT” • “Banning the use of any registered logo, design, pattern or trade mark amounts to censorship” • “ ...a trademark to be registered and protected, must be used. If use is prohibited, the protection afforded by registration may not be available.” • Compromising tobacco trademarks would interfere with an ‘orderly tobacco market’, result in increased counterfeiting and smuggling and have significant economic consequences • if adopted this would be an approach that might eventually be applied to alcohol and other products <p>3. In 1995 the Tobacco Institute of Hong Kong told the Hong Kong government that its proposed smoking (Public health) (Amendment) Bill would diminish commercial value of trademarks and may violate the Paris Convention, GATT and TRIPS.</p> <p>4. In 2000 The Confederation of European Community Cigarette Manufacturers Ltd briefed the EU in response to the proposed ban on light and mild descriptors and claimed it was a violation of TRIPS and the Paris Convention in the case of names like “Mild Seven”.</p>
Assunta and Chapman, 2004 [439]	<p><u>Geography</u> Malaysia</p> <p><u>What policy is the TI attempting to influence</u> Government efforts to regulate tobacco promotion and health warnings</p> <p><u>Tactics used</u> One strategy proposed the adoption of codes of practice for cigarette marketing, TMD advertising, sponsorship, and sampling. In December 1992 the members of CMTM, namely Rothmans of Pall Mall (M), Malaysian Tobacco Company, RJ Reynolds (M), and Godfrey Phillips (M) signed an agreement among themselves to adopt a “Code for the Marketing of Cigarettes”.</p> <p><u>Arguments used</u></p>
Bond et al, 2009 [382]	<p><u>Geography</u> USA</p> <p><u>What policy is the TI attempting to influence</u> General marketing regulation</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u> As part of PM’s defence of advertising, a recurring theme is reference to the</p>

	US First Amendment for protection against advertising restrictions on both alcohol and tobacco products. "Truthful advertising about legal products is protected by the First Amendment".
Carter, 2003 [445]	<p><u>Geography</u> Australia</p> <p><u>What policy is the TI attempting to influence</u> General youth restrictions</p> <p><u>Tactics used</u> In 1991 the Philip Morris group began ongoing work on a PMI marketing code of practice. This involved PMI's presidents and vice presidents, senior counsel, regional presidents, field marketing staff, and senior management at PM Corporation. The code was intended to be used, particularly in lobbying, to gain a public relations advantage by promoting PMI as responsible towards youth, and to simultaneously protect PMI's ability to be "competitive and creative" in its marketing.</p> <p>The public version of PMI's youth policy was instead encapsulated in a brochure, entitled "A global commitment to responsible marketing", for "legislators, journalists and decision makers from around the world".</p> <p>In 1998 PMI went into negotiations with RJ Reynolds Tobacco International and BAT, after which they were "hopeful that we will be able to implement a greatly expanded joint international industry youth access and marketing code to which all major industry participants will voluntarily adhere".</p> <p><u>Arguments used</u> The [public version of PMI's youth policy] brochure intended to show that advertising did not cause youth smoking, and that PMI, with their marketing code, were the industry leaders on the issue and did not need to be regulated further.</p>
Chapman and Carter, 2003 [446]	<p><u>Geography</u> Australia</p> <p><u>What policy is the TI attempting to influence</u> In 1991, the Ministerial Council on Drug Strategy (MCDS) directed its Tobacco Issues Committee to examine the case for introducing new health warnings.</p> <p><u>Tactics used</u> PM was "appointing a top man and devoting considerable resources to the matter" and asked if (BAT's) Wills would "upgrade their effort and work with us to create an industry platform".</p> <p>In 1992, the industry decided that their main chance was to promote the adoption of the proposed European Economic Community (EEC) health warnings. These warnings were at the bottom of the pack, comparatively small, and non-explicit, and under EEC agreements, nations would be able to select from between two and six out of 15 optional warnings. Heavily influenced by local tobacco industry lobbying, the three most popular warnings selected by the European nations were "Smoking when pregnant harms your baby" (nine nations adopting); "Protect children: don't make them breathe your smoke" (six nations); and "Don't smoke if you want to stay healthy" (six nations). Significantly, none chose "Smoking causes addiction."</p> <p>The industry believed it could use its influence within the new incoming conservative Liberal party to stop the regulations becoming law. The NSW Liberal Premier (and future BAT Australia chairman) Nick Greiner was one who was targeted. PM's then international president Australian ex-patriot Bill Murray, wrote "as an Australian" to Greiner requesting that he bring "a sense of balance and common sense back into the regulation of tobacco in Australia" and maintain the existing warnings.</p>

	<p>In 1992, a lobbyist was “employed, gaining support of such allies as Business Council of Australia, Confederation of Australian Industry, media, unions, advertising, growers, suppliers”. The Victorian Premier received over 35 000 letters that year, presumably initiated by the industry.</p> <p>In 1992, in response to the CBRC’s [Centre for Behavioural Research in Cancer] report proposing third generation warnings, the industry commissioned a series of critiques of the CBRC report through its lawyers. With these as ammunition, on 18 June 1992, the TIA filed legal proceedings against the Anti Cancer Council of Victoria (authors of the CBRC report on labelling) seeking declaration that the report was misleading and deceptive and seeking an injunction to prevent its further distribution.</p> <p><u>Arguments used</u></p> <p>PM’s Henry Goldberg wrote to Jeff Kennett [Victorian Liberal opposition leader] noting that the MCDS recommendations were contrary to the position Kennett had stated publicly would be Victoria’s position (that is, adopting the EEC warnings). Goldberg argued that “proposals to radically alter packaging will do nothing to increase this awareness [of the health risks of smoking] and will do nothing to address concerns about smoking incidence in young people” as well as appealing to Kennett’s strongly conservative political agenda by framing warnings as an unfair burden on business.</p> <p>When PM’s Bill Murray attempted to persuade the NSW Premier on the industry’s position in 1992, he argued that it was only “...‘nanny’ states as we refer to them, which have taken a position similar to that advocated for Australia”. Henry Goldberg also drew on bad-for-business arguments when writing to Kennett stating: “...[the warnings proposal] ...imposes on cigarette manufacturers an extremely burdensome and expensive regime for the packaging of their products which is without precedent. It constitutes one of the most egregious attacks upon commercial freedoms of business in Australia... Victoria has an obligation to a business such as PM, which is contributing substantially to the economy of this State, to ensure that its commercial freedom is safeguarded.”</p> <p>In 1990, a “questions and answers” sheet for use by PM lobbyists rehearsed answers to “Why don’t the companies provide additional information and warnings about constituents on the cigarette package labels?” suggesting that the proliferation of warnings on consumer goods could cause “warning overload”—that is, a tendency on the part of consumers to begin to ignore warning labels entirely. And that “one study found that consumers thought products with rather elaborate warning labels were safer than those without them”.</p> <p>In Murray’s letter to Greiner in 1992, he insisted that the warnings would be “a defacement of the cigarette package and trademarks”</p> <p>Industry law firm Clayton Utz commissioned a national poll about smokers’ “awareness of health warnings about smoking”, known as the ANOP study after the market research company that conducted the interviews. The study asked respondents three questions “seeking spontaneous health associations with smoking”, including two which probed specifically for health risks (“have you heard, read or seen anything about smoking and health?” and “Can you think of anything at all that you have heard about smoking and health?”). Not surprisingly, 99.7% of the sample, under such questioning, were able to say that they had “heard” something about smoking and health. This exercise produced a predictable result that allowed the industry to support its claim that awareness of the harmfulness of smoking was all but universal, thus negating the need for new warnings.</p>
Cohen et al,	<u>Geography</u>

2001 [454]	<p>USA</p> <p><u>What policy is the TI attempting to influence</u></p> <p>Tobacco internet sales; New York State passed a law banning internet, mail, and telephone cigarette orders from being sent directly to consumers, which was scheduled to take effect on 1 January 2001.</p> <p><u>Tactics used</u></p> <p>Brown & Williamson Tobacco challenged the law... and a federal judge ruled that the law did violate the commerce clause of the US Constitution.</p> <p><u>Arguments used</u></p> <p>Brown & Williamson Tobacco challenged the law claiming that “The Constitution prohibits any one state from regulating avenues of national commerce such as the Internet . . .”</p>
Dearlove and Glantz, 2000 [462]	<p><u>Geography</u></p> <p>USA (New York)</p> <p><u>What policy is the TI attempting to influence</u></p> <ol style="list-style-type: none"> 1. 1990 anti-tobacco campaign including vending machine ban, ban on advertising on taxis, buses, subways, pro-health advertising etc 2. Intro 2-A / Tobacco Product Regulation Act (1991) – including requirement of one public health message for every four tobacco advertisements in or on municipally-owned or leased property and transportation facilities <p><u>Tactics used</u></p> <p>1</p> <p>Philip Morris Chairman and C.E.O. Hamish Maxwell responded to the announcement with a biting letter to Dinkins [New York mayor]...</p> <p><u>Arguments used</u></p> <p>1</p> <p>Philip Morris Chairman and C.E.O. Hamish Maxwell responded to the announcement with a biting letter to Dinkins [New York mayor], stating, “The financial and other support which Philip Morris has given to public and other institutions in this city appears to me to be acknowledged by the city, if at all, as grudgingly and ungraciously as possible”. Maxwell concluded with an implied threat to move Philip Morris headquarters from the city: “It could be reasonably concluded that your Administration has decided that Philip Morris’ continuing presence in New York City is one of the city’s dozens of embarrassments that it can do without”</p> <p>2</p> <p>[The industry] worried that the costs associated with displaying an anti-smoking ad would discourage leasing agents from accepting cigarette advertisements unless the manufacturer volunteered to absorb the additional costs.</p>
DiFranza and Godshall, 1996 [455]	<p><u>Geography</u></p> <p>USA</p> <p><u>What policy is the TI attempting to influence</u></p> <p>In 1992, Congress enacted legislation to encourage states to adopt restrictions on the sale of tobacco to minors</p> <p><u>Tactics used</u></p> <p>The industry’s opposition to a requirement that states <i>enforce</i> their laws is reflected in the actions of congressman Thomas Bliley... Bliley represented a district in which Philip Morris was the largest employer, and he received \$111,476 in tobacco industry contributions from 1985 to 1994.</p> <p>The Tobacco Institute and congressman Bliley argued to the DHHS that, because the word “significantly” does not appear in the final language, the DHHS cannot issue regulations that would require states to make significant progress in reducing illegal sales.</p> <p><u>Arguments used</u></p> <p>The tobacco industry’s public stance is that they are opposed to children smoking and are actively discouraging the sale of tobacco to minors.</p>

	<p>According to Yancey W Ford Jr, executive vice president of the RJ Reynolds Tobacco Company: “the most important factors influencing youth smoking are peer influences, the example of family members and the accessibility of cigarettes – better voluntary enforcement of minimum-age purchase laws currently on the books can reduce youth smoking by at least half”.</p>
Epps-Johnson et al, 2009 [466]	<p><u>Geography</u> USA (Iowa) <u>What policy is the TI attempting to influence</u> Vending machine legislation <u>Tactics used</u> A Tobacco Institute report entitled, “1991 Legislative Analysis: Iowa” explained that a preemptive vending machine law was necessary in order to “stop a hodge-podge of local ordinances and to prevent the State Legislature from enacting a total vending machine ban.” ... The Tobacco Institute was successful in achieving their ideal legislative outcome by co-opting House File 232, which was substantially weakened through industry-favorable amendments. <u>Arguments used</u></p>
Freeman et al, 2008 [474]	<p><u>Geography</u> Transnational <u>What policy is the TI attempting to influence</u> Plain packaging <u>Tactics used</u> <u>Arguments used</u> The industry denies that packaging has an impact on consumption. For example, the Tobacco Institute of New Zealand argued ‘package stimuli, including the use of trademark, are of no interest to people not already within the market for that specific product’.</p> <p>The tobacco industry also attempted to complicate the issue by suggesting that tobacco control agencies were unclear about what plain packaging would require. Arguments that a ‘laundry list’ of items had been suggested by ‘packaging non-professionals’ were presented as an unworkable barrier to implementation.</p> <p>They also argue that plain packaging would set a dangerous precedent for other products, such as those containing high amounts of sugar, chocolate, fat or additives.</p>
Gilmore et al, 2006 [443]	<p><u>Geography</u> Uzbekistan <u>What policy is the TI attempting to influence</u> 1994 Health Decree 30: aim to ban tobacco advertising and smoking in public places and introduce health warnings <u>Tactics used</u> Within 24 hours [of learning about the health decree] BAT had coordinated counter arguments from its corporate affairs and smoking issues teams and met with Mr Mahsudov from the Cabinet of Ministers. It then met Mr Iskandarov and other health officials a few days later.</p> <p>Since Mr Iskandarov refused to withdraw the decree, BAT sought extensive amendments. An amended decree was rapidly circulated alongside highly confidential briefing notes... An order to be issued by Mr Djurabekov on the Cabinet of Minister’s behalf, requiring the Ministry of Health to amend decree 30 was faxed from BAT’s Tashkent office. Documents suggest it may have been drafted by BAT. It incorporated BAT’s main concerns, with the tar and nicotine limits and the bans on smoking in public places, filterless cigarettes, and advertising all cancelled. The advertising ban was</p>

	<p>replaced with a new code, which seems to be an even less restrictive version of the Russian voluntary code.</p> <p><u>Arguments used</u></p> <p>BAT sought to counter each section of the decree, repeatedly claiming to be a responsible manufacturer of a legal product and making three key assertions. Firstly, BAT depicted the decree as jeopardising foreign investment in Uzbekistan, while warning the health ministry that it would lead to “the immediate demise of the domestic cigarette industry” and threaten an investment supported by Karimov. Secondly, BAT refuted the health effects of smoking as accurately described in the decree, suggesting an ongoing controversy in which “smoking has not been proven to actually cause” diseases. Thirdly, the company portrayed Mr Iskandarov’s intended restrictions as “seriously interfering with...commercial freedom” and denied that advertising affected consumption: “World wide experience consistently shows that advertising bans do not reduce consumption. Advertising a mature product like cigarettes is not intended to increase the overall market but to expand company market share.” Additionally, BAT portrayed Russia’s recent voluntary code as epitomising the industry’s responsible approach in working with governments to agree advertising standards.</p>
Goldberg et al, 2006 [456]	<p><u>Geography</u></p> <p>USA</p> <p><u>What policy is the TI attempting to influence</u></p> <p>General marketing regulations/ restrictions</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u></p> <p>Regardless of the amount spent on advertising, the argument advanced here is that advertising does not influence consumer behaviour, or at most, plays only a small role in the “marketing mix.”</p> <p>Q. “... [I]s advertising in the scheme of all the influences... a strong force, a weak force or somewhere in between with respect to influencing consumer behavior?”</p> <p>A. “When we take all of the ... factors that are inputted into that decision [whether to smoke], it ends up being a relatively weak force.” “There are many things that go into the effect [of inducing smoking initiation]....One of these is communication and a small part of communications [is] advertising.”</p> <p>Q. “Would you agree that advertising is a very powerful and persuasive medium?”</p> <p>A. “No.”</p> <p>Denial of targeting youth; insistence that only those aged 21 and over are targeted</p> <p>“Philip Morris does not market or sell and has no intention to do so, does not do so, and actually takes many affirmative steps to make sure that it doesn’t happen, sell to either nonsmokers or to minors.”</p> <p>Q. “In the entire period of time you were involved with the Camel campaign, Mrs. Beasley, did it ever include among its demographics people under the age of 18?”</p> <p>A. “No.”</p> <p>Q. “Did it ever do research on nonsmokers or people under the age of 18?”</p> <p>A. “No, we did not.”</p> <p>The tobacco firms meet or exceed existing regulations. It’s part of our corporate culture</p> <p>Q. “Is that [Voluntary Cigarette Advertising and Promotion Code] a code that Philip Morris maintained in its records and followed and observed?”</p> <p>A. “Absolutely. I mean, it’s more than a document; it’s the principle and system under which we marketed.... Philip Morris on its own in recent</p>

	<p>years has added more to this.”</p> <p>Q. “Let me go to the last [point in Philip Morris’ mission statement] ... Meet or exceed the legal and regulatory requirements that govern our products and business. Why was that important to put in your mission statement, sir?”</p> <p>A. “We have a product that’s associated with harm. We have to make sure that we’re within all the laws. And, frankly, we need to be pushing the envelope relative to regulation and legal issues, to make sure that, at a minimum, we’re meeting them; but in a case like the MSA, we’re exceeding them.”</p>
Hammond, 2009 [475]	<p><u>Geography</u> Transnational</p> <p><u>What policy is the TI attempting to influence</u> Plain packaging</p> <p><u>Tactics used</u> The regulation was amended ... and the legal challenge was not continued.</p> <p><u>Arguments used</u> Tobacco companies also challenged picture warnings in Belgium, where they argued against the feasibility of implementing the 42 required warnings within the proposed time period.</p>
Hammond, 2010 [476]	<p><u>Geography</u> Transnational</p> <p><u>What policy is the TI attempting to influence</u> Plain packaging</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u> The tobacco industry has taken a strong stance against “plain” packaging regulations. Philip Morris has characterized plain packaging as “an extreme and disproportionate measure.” Japan Tobacco International has also indicated its “categorical” opposition to plain packaging, adding that it would be “disproportionate” and may even be “counterproductive” as a tobacco control measure. British American Tobacco has also stated that, in response to a plain packaging proposal, “we would take every action possible to protect our brands, the rights of our companies to compete as legitimate commercial businesses selling a legal product, and the interests of our shareholders.” The industry’s primary arguments against plain packaging relate to insufficient evidence that plain packaging would reduce smoking, and intellectual property rights and issues of international trade.</p>
Hiilamo et al, 2012 [477]	<p><u>Geography</u> Transnational</p> <p><u>What policy is the TI attempting to influence</u> Transnational</p> <p><u>Tactics used</u> In the late 1990s, the Canadian government health agencies, non-governmental organisations, and health professionals began campaigning to increase the size of warning labels and include strong photographs depicting the damage caused by tobacco. The Canadian Tobacco Manufacturers Council (CTMC) tried to stop the proposed regulations by polishing the industry’s public image and launching a major lobbying programme. CTMC recognised that ‘the Industry’s agenda is simply not compatible with that of Canadians’ because of the public ‘perception that the Industry does not tell the truth’ about the health risks, and ‘markets its products to youth or, at least, does nothing to discourage it.’ In summer 1999, CMTC mounted an advertising campaign claiming that the industry needed to be heard on issues concerning packaging and youth smoking. The industry launched what a 1999 memorandum in PM files described as a ‘full blown government relations programme’ to lobby government agencies, including ‘Revenue, Treasury Board, Finance, Justice, Trade departments and Ministers’ offices and the Standing Committee on Health</p>

	<p>members by CTMC representatives and individual companies.</p> <p><u>Arguments used</u></p>
Hoek et al, 2012 [447]	<p><u>Geography</u> New Zealand</p> <p><u>What policy is the TI attempting to influence</u> Smoke-Free Environments (Controls and Enforcement) Amendment Bill (2010). The bill proposes removal of tobacco retail displays.</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u> As well as arguing that they have a right to display their 'legal products', tobacco companies have adduced four further arguments against removing Point of sale (POS) displays. They claim that such a policy would reduce staff security (as staff would turn their back on customers to retrieve tobacco products), inconvenience staff, result in lost revenue and increase compliance costs. Collectively, they allege that these outcomes will be disproportionately negative relative to the likely reductions in smoking prevalence.</p> <p>Philip Morris has argued that retail staff would be seriously inconvenienced if these products were difficult to access, while customers would allegedly become frustrated by increased transaction times.</p> <p>In addition to losing revenue, tobacco companies and interest groups have argued retailers would find the costs of alternative storage units prohibitive. The New Zealand Association of Convenience Stores estimated that removing Point of sale (POS) displays would cost retailers between \$45 and \$51 million, with individual retailer costs between \$8000 and \$14 000.</p>
Ibrahim and Glantz, 2003 [464]	<p><u>Geography</u> USA (California)</p> <p><u>What policy is the TI attempting to influence</u> AB 221: increase the minimum age to purchase tobacco, as well as all related advertising and promotion restrictions, from 18 to 21 years.</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u> The opponents argue that bill is not consistent with federal law and that it will harm retailers and the state by shifting tobacco sales and the associated tax revenues to neighboring states</p>
Kennedy et al, 2011 [465]	<p><u>Geography</u> USA (Florida)</p> <p><u>What policy is the TI attempting to influence</u> 1. SB 434 and HB 555 to Regulate Tobacco Product Placement (2000) 2. SB 1902 (2002) regarding minimum wage payments (TI filed and unrelated amendment)</p> <p><u>Tactics used</u> 1 In opposition to the bill, testimony was heard from the Florida Retail Federation (a strong tobacco industry ally in Florida), the Petroleum Institute, Gate Corp, S & S Stores, Tom Thumb Stores, and the Tobacco Wholesalers.</p> <p>2 While on the Special Order Calendar, Senator Diaz de la Portilla (R, Miami, \$6,578) a smoker with an established relationship with the tobacco industry, filed an amendment to the bill which would have granted sole authority to regulate the display and marketing of cigars, fine cut tobacco, and pipe tobacco by retailers to the Division of Alcoholic Beverages and Tobacco.</p> <p><u>Arguments used</u></p>

Lambert et al, 2004 [440]	<p><u>Geography</u> Japan</p> <p><u>What policy is the TI attempting to influence</u> General marketing regulations</p> <p><u>Tactics used</u> In 1994 the tobacco industry also strengthened its self enforced tobacco industry advertising codes to forestall legislation: "modification of voluntary codes may enable [us] to avoid the legislation of ad restrictions."</p> <p><u>Arguments used</u></p>
Landman et al, 2002 [95]	<p><u>Geography</u> Transnational (mainly USA)</p> <p><u>What policy is the TI attempting to influence</u> General youth restrictions</p> <p><u>Tactics used</u> In 1991 Philip Morris restated that the success of the "youth initiatives" would be determined by whether they led to a "reduction in legislation introduced and passed restricting or banning our sales and marketing activities" as well as "passage of legislation favorable to the industry" and "greater support from business, parent and teacher groups."</p> <p>Philip Morris also sought to enact legal age limits for cigarette sales to deflect blame from itself for youth smoking, saying that such age limits "signal [that] the ultimate responsibility [for youth smoking] belongs to parents and society" rather than tobacco companies. As in the United States, Philip Morris also sought to enact legal age limits [in the EEMA region] to "eliminate anti-tobacco groups' demands for ad bans on the basis of "protection of youth.</p> <p>A 1996 RJR press release argued that the FDA regulation was unnecessary...</p> <p><u>Arguments used</u> Philip Morris used its Action Against Access youth program as part of its argument that the FDA's proposal was unnecessary. A 1996 RJR press release argued that the FDA regulation was unnecessary because the industry's We Card program was "now making a measurable difference".</p>
Lee and Glantz, 2001 [448]	<p><u>Geography</u> Switzerland</p> <p><u>What policy is the TI attempting to influence</u> A referendum on the tobacco and alcohol advertising bans were expected to take place late in 1993 or early in 1994</p> <p><u>Tactics used</u> As part of its effort to oppose advertising restrictions, the tobacco and advertising industries organized a "public hearing" to generate negative press for the idea of advertising restrictions.</p> <p>Our [PM] Corporate affairs strategy is to fight both the initiative and the Federal counter-project by offering a reasonable alternative to authorities and Swiss voters through the voluntary advertising restriction agreement came into force on September 1, 1992</p> <p><u>Arguments used</u></p>
Ling et al, 2010 [457]	<p><u>Geography</u> USA</p> <p><u>What policy is the TI attempting to influence</u> Mid-1990s proposal for the Food and Drug Administration (FDA) to regulate tobacco, which included restrictions on sport sponsorships</p> <p><u>Tactics used</u> In early 1993, Philip Morris became a founding member of the American</p>

	<p>Coalition for Entertainment and Sports Sponsorship (ACCESS)... which included RJR, US Tobacco, Penske, and International Speedway Corporation... The organization presented itself as a broad coalition of sport sponsors and event promoters, but internally, the stated goal of the organization was "to defend tobacco sponsorship."...The group opposed a mid-1990s proposal for the Food and Drug Administration (FDA) to regulate tobacco, which included restrictions on sport sponsorships, by encouraging sports fans to write letters to the FDA against this legislation and sponsoring studies showing public support for corporate sport sponsorship.</p> <p>In 1996, Phillip Morris and US Tobacco proposed an alternative plan to the proposed FDA ban on sports sponsorship that would have allowed continued sponsorship of rodeo and motor sports. The tobacco companies filed lawsuits challenging the FDA proposal.</p> <p><u>Arguments used</u></p>
MacKenzie et al, 2004 [33]	<p><u>Geography</u> Cambodia</p> <p><u>What policy is the TI attempting to influence</u> General marketing regulations:</p> <p>A 1991 regional assessment reported: "[n]o known restrictions in any form for Above-the-line or Below-the-line activities. Absence of any form of Government policy concerning tobacco issues, advertising and promotion." BAT was predictably anxious to preserve this unrestricted marketing environment.</p> <p><u>Tactics used</u> The unlimited scope for advertising and promotional activities was a key part of the appeal of the Cambodian market. A 1991 regional assessment reported: "[n]o known restrictions in any form for Above-the-line or Below-the-line activities. Absence of any form of Government policy concerning tobacco issues, advertising and promotion." BAT was predictably anxious to preserve this unrestricted marketing environment.</p> <p>An industry initiated programme of voluntary health warnings was developed for brands across Indochina, intended to "demonstrate that the industry is taking a responsible attitude in markets where there is no legal requirement for health warnings on product".</p> <p><u>Arguments used</u></p>
Mackey et al, 2013 [472]	<p><u>Geography</u> Uruguay</p> <p><u>What policy is the TI attempting to influence</u> Plain packaging</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u> Philip Morris, the world's largest tobacco company, has challenged Uruguay's and Australia's laws under bilateral investment treaty (BIT) obligations. Philip Morris alleges that Uruguay's regulations violate provisions of a Switzerland---Uruguay BIT, which prohibits foreign investors from being subjected to unreasonable treatment under "fair and equitable treatment" provisions.</p>
Mamudu et al, 2008 [406]	<p><u>Geography</u> Transnational</p> <p><u>What policy is the TI attempting to influence</u> FCTC</p> <p><u>Tactics used</u></p>

	<p>British American Tobacco brought the 3 major tobacco companies together to develop a worldwide voluntary tobacco industry regulatory regime [2001 International Tobacco Products Marketing Standards; ITPMS).</p> <p>Tobacco companies perceived youth smoking prevention as a way to "make a significant gesture that would divert attention from the FCTC, moderate the WHO's moves toward the FCTC and bring the tobacco companies together against the FCTC.</p> <p>After the ITPMS was announced, Cerberus Group officials worked to raise public awareness of it, calling on governments, United Nations agencies, and the World Bank to have "faith in a 'new [tobacco industry] initiative'".</p> <p><u>Arguments used</u></p> <p>British American Tobacco considered the WHO FCTC public hearings in October 2000 very important, and mobilized allies to make submissions... The Cerberus Group companies' submissions focused on the industry's ability to regulate itself, the right of adults to choose to smoke, and the idea that youth smoking prevention should be the focus of the FCTC.</p> <p>On June 15, 2001, the group finalized the ITPMS. The communication plan, "key external messages" and the questions and answers the Cerberus Group developed for the ITPMS conveyed the public message that the tobacco industry could regulate itself and that smoking should be limited to adults.</p>
Mandal et al, 2009 [452]	<p><u>Geography</u></p> <p>European Union</p> <p><u>What policy is the TI attempting to influence</u></p> <p>European Union's Tobacco Products Directive (2001/37/EC)</p> <p><u>Tactics used</u></p> <p>Detailed strategies for contesting the directive were developed carefully both by individual companies and various pan-European membership organisations, with lobbying targeted according to the audience and the stage of the directive's legislative passage.</p> <p>Tobacco House was a venture spearheaded by PM, Société Nationale d'Exploitations Industrielle des Tabacs et Allumettes (SEITA), International Union of Tobacco Growers, Federation Européenne des Transformateurs de Tabac (FETRATAB) and Confederation Européenne des Détaillants en Tabac (CEDT) (but notably, not BAT) to bring together a far broader group of tobacco sector interests than present in existing pan European organisations, a move seen as strategically advantageous at a time when the industry was under pressure.</p> <p>The unions, who were to be told that manufacturers were being "forced" to consider relocating production, played a key role in lobbying, particularly in presenting economic arguments, generating press interest and enlisting political support. The UK Tobacco Workers Alliance (TWA), a cooperative of several trade unions, was described as "unrelenting in their [sic] efforts" to lobby against the directive, and, along with other unions, played a role in organising protests against the directive. The Transport and General Workers Union and Britain's General Union also played a role...At an EU level the industry managed to obtain support from the European Committee of Food, Catering and Allied Workers Unions, which issued a press release highlighting the "massive negative social effects on employees in the tobacco sector"...Public relations formed a key component of the industry's strategy and plans to use the media at local, national and European levels, with a focus on employment aspects, were successfully implemented. In the UK, press releases highlighted (and local and national media coverage subsequently focused on) the alleged job losses associated with the TPD, rather than any potential health gains... BAT also resorted to placing its</p>

	<p>own articles, advertisements and letters within the media to generate further coverage.</p> <p>A tripartite meeting in July 1998 to discuss the proposed directive brought together representatives from DG SANCO, health organisations and the industry. CECCM's view of the meeting was that the health representatives did not believe the industry and challenged their integrity. After the event, Paul Sadler of BAT, wrote to Dr Hunter (Director of DG SANCO) to express his disappointment in the meeting and his belief that tobacco company views were not appreciated.</p> <p>Byrne rejected the economic and employment claims made by BAT, a fact which chairman Martin Broughton claimed to find astonishing, warning Byrne in a letter that the draft directive: "deserves to be challenged in the Courts".</p> <p>Lobbying of such officials occurred through two routes: general meetings between industry and DG SANCO members, and separate technical consultations on scientific and technical elements of the directive. The agreement to hold these technical consultations on four key topics, (yields, labelling, descriptors, and additives, measurement methods and toxicological testing), had been secured at a meeting between industry representative and DG SANCO officials on 23rd November 1999 and was described by the industry as "a major step forward" which would enable them to engage the Commission in detailed discussion on the directive.</p> <p>The VdC [German tobacco manufacturers association] had sympathetic German contacts in Kurt Lechner, rapporteur of the Legal Committee and Werner Langen, rapporteur for the Industry Committee... As members of a group of 39 MEPs, they tabled several amendments to the directive including a deletion of the export requirement, a smaller size and weaker specification for the health warnings, and the use of misleading descriptors in most circumstances, all key changes the industry desired.</p> <p>BAT instead produced its own economic impact study, focusing on potential job losses in the UK. Entitled "Have you ever felt unfairly singled out?"... conveyed a message that the TPD would bring significant job and trade losses whilst providing no health gains. Indeed, the report claimed the directive would "wipe out" UK tobacco manufacturing and included headline figures which claimed that around 8,300 jobs were at risk at just two sites, even though the small print showed that the total employment in BAT's UK factories was only 1,565...The UK economic impact study published jointly by BAT and several trade unions in September 2000, stimulated written questions to the Commission from MEPs, such as Glyn Ford (UK Labour Party), on whether the Commission itself had carried out a comprehensive assessment.</p> <p>In 2000, before the directive had passed into law, BAT filed an access case to the Court of First Instance, requesting access to the international scientific research the Commission had considered and based its proposals on.</p> <p>The Commission did eventually append a brief impact assessment form to their draft TPD proposal in 1999 which fulfilled its obligations, given that at that time, only limited guidance on undertaking impact assessments existed (interview with European Commission official, September 2008). Perhaps unsurprisingly (given that the impact assessment the Commission produced was supportive of the TPD proposals), BAT and its representatives were not satisfied and labelled the assessment as "abysmal" and "wholly misleading".</p>
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	<p><u>Arguments used</u></p> <p>In the UK, press releases highlighted (and local and national media coverage subsequently focused on) the alleged job losses associated with the TPD.</p> <p>He [BAT's lawyer] pushed for the Committee to state that the proposed directive was unconstitutional and that legislation should await the ECJ judgement on the advertising ban.</p> <p>BAT's Chairman and Director of Corporate and Regulatory Affairs sent letters voicing their concerns to the Secretary of State for Health, Alan Milburn and the Permanent Secretary, Chris Kelly. In line with BAT's efforts to re-position itself as a responsible company, these letters stressed that BAT was in favour of sensible regulation, but claimed the directive was "far from sensible", highlighting concerns about the directive's legality, impacts on jobs and ability to achieve health benefits.</p> <p>Once the product content and labelling provisions appeared settled, BAT appealed for a longer transition period.... [BAT] claimed the technical requirements, including additional testing, yield reductions and new Labelling, would impose financial costs on business that would threaten the viability of smaller firms.</p> <p>They established pan-industry working groups to develop argumentation against key aspects of the proposals and collectively lobbied against them claiming, for example, that there was no rationale for such European tobacco control measures, which were instead a matter for Member States, and that the legal basis was suspect.</p> <p>Initially, in response to the 1998 consultation, the industry tried to negate the need for further legislative measures by claiming that harmonisation had already been completed in the areas of tar yields and labeling.</p> <p>A number of arguments were raised in relation to economic impacts. First, the threat to employment and balance of trade within the EU was raised, with the directive being described as an "own goal for the EU economy" that would drive jobs and investment outside the Union. Various figures were produced and widely used in lobbying including a claim that in the UK alone up to 8,300 jobs were at risk. Others claimed that 9,000 tobacco manufacturing jobs in the EU and at least a further 30,000 jobs in companies supplying tobacco manufacturers were at risk. Second, BAT argued that the directive would particularly disadvantage Europe-based manufacturers operating in international markets, claiming that the TPD would involve "handing a competitive advantage to the world's largest cigarette manufacturer, US-based Philip Morris".</p> <p>BAT instead produced its own economic impact study, focusing on potential job losses in the UK. Entitled "Have you ever felt unfairly singled out?"... conveyed a message that the TPD would bring significant job and trade losses whilst providing no health gains. Indeed, the report claimed the directive would "wipe out" UK tobacco manufacturing and included headline figures which claimed that around 8,300 jobs were at risk at just two sites, even though the small print showed that the total employment in BAT's UK factories was only 1,565</p> <p>Despite inconsistencies in the legal advice and having received at least one clear indication that the directive was consistent with EU law, BAT and others acting on its behalf, notably Scott Crosby of the legal firm Kemmler Rapp Böhlke, quickly sought to assert that the directive was incompatible with the EU Treaty.</p>
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	<p>Looking to replicate successful industry campaigns that used trade arguments to prevent the adoption of plain packaging regulation in Canada and critically undermine provisions for ingredients disclosure in Thailand, BAT generated a legal analysis that depicted the TPD as potentially breaching WTO requirements, which could therefore expose EU member states to potentially costly disputes.</p>
McDaniel and Malone, 2005 [468]	<p><u>Geography</u> USA</p> <p><u>What policy is the TI attempting to influence</u> Since 2000, Philip Morris (PM)...has been aggressively pursuing US Food and Drug Administration (FDA) regulation of tobacco products - it came to regard "reasonable" regulation as a way to end its isolation and redefine the company as socially responsible</p> <p><u>Tactics used</u> PM also explained both publicly and privately that it regarded some sort of regulation as inevitable. The company [PM] predicted that the Republican party controlled Congress of 2001 was more likely to enact what it regarded as "reasonable" regulation than any Democratic party controlled future Congress... PM argued that it was better to act now than to risk more onerous regulations.</p> <p>PM's law firm Arnold and Porter had written several drafts of model legislation. PM had also provided members of Congress with bill language.</p> <p>To achieve its goal of "tough" but "reasonable" regulation, PM employed a number of different strategies. First and foremost, company representatives worked with legislators, meeting with staff to explain PM's views, helping to write legislation, and lobbying on behalf of legislation PM supported. Initially, company representatives worked most closely with Republicans, who PM saw as more inclined to produce acceptable legislation.</p> <p>PM also engaged in an extensive public relations campaign to advance its goal of "reasonable" regulation. PM executives and consultants wrote op-eds and letters to editors of both major and local newspapers, participated in editorial board meetings, gave interviews to journalists, and had speaking engagements at local community organisations such as Rotary and the Chicago Mexican American Chamber of Commerce.</p> <p>PM's media campaign had a grassroots element as well. PM mobilised its field action teams, lobbyists and consultants in all 50 states whose job was to enlist supporters for a variety of PM causes. In a three month period, team members met with representatives of 650 different organisations, including hospitality, beverage, grocery, retail, and convenience store associations, wholesalers, chambers of commerce, and one health organisation (the Utah Nurses Association). At these meetings, team members briefed organisation representatives on PM's position on FDA regulation and asked for an official show of support—by contacting members of Congress, writing letters to local newspapers, or asking the national organisation to endorse FDA regulation of tobacco.</p> <p>PM also communicated its views...through individual letters, one-on-one and group meetings, and mass mailings. The mailings might include PM's white paper on FDA regulation, a question and answer document, a fact sheet on the MSA, or copies of op-eds by PM executives. In June 2001, the company launched Tobacco Connections, a newsletter devoted to tobacco policy issues of importance to tobacco growers. The inaugural issue, mailed to 130 000 farmers, was devoted to explaining PM's position on FDA regulation and how such regulation would benefit growers.</p>

	<p>In a further effort to claim the “reasonable” middle ground of the debate, PM portrayed opponents of what it regarded as moderate legislation as extremists or obstructionists. In an August 2001 interview in The Wall Street Transcript, PM lawyer Mark Berling expressed surprise at some public health groups’ opposition to the Frist and Davis bills. He asserted that these groups, in supporting only “the most radical, extreme kind of medical product regulation” were working against the passage of reasonable and effective legislation.</p> <p><u>Arguments used</u></p> <p>PM’s white paper also advocated the continued use of product descriptors like “light” and “ultra light”. In November 2001, the National Cancer Institute (NCI) released a comprehensive report showing that despite the tobacco industry’s marketing claims, light or low tar cigarettes did not reduce health risks. In response, the major health groups (ACS, AHA, ALA, and CTFK) called on tobacco companies to eliminate these terms from cigarette packages and advertising. PM refused, asserting in a press release that, for smokers, such descriptors “serve as useful points of comparison for cigarette brands regarding strength of taste and reported tar yield”.</p> <p>In terms of marketing restrictions, PM advocated codifying those contained in the MSA, which limited tobacco advertising seen by children; however, the company rejected restrictions on marketing seen predominately by adults. The company wanted to continue communicating with what it termed “verified” adult smokers through direct mail, events in adult only facilities, and over the internet.</p>
McDaniel and Malone, 2009 [458]	<p><u>Geography</u> USA</p> <p><u>What policy is the TI attempting to influence</u> General marketing regulations</p> <p><u>Tactics used</u></p> <p>PM’s corporate affairs executive Jeannine Dowling asserted in 1984 that “women might be...our natural enemies” due to their negative feelings about tobacco...</p> <p>Another benefit of tobacco company contributions to women’s organizations was the creation of allies who could be called upon to defend the industry from regulation.... That same year [1990], at the “behest” of PM and “out of gratitude” for the company’s support, American Women in Radio and Television wrote letters to Congress opposing a bill to limit cigarette advertising.</p> <p>If women’s organizations could not be secured as outspoken allies, PM regarded it as important to “freeze” them in neutral mode so that they did not support policies, such as cigarette advertising bans, that conflicted with tobacco company business objectives...Funding women’s organizations was regarded as key to “neutralizing” them.</p> <p>When a funded organization spoke out against PM, continued funding could be jeopardized, as was evident in 1999, when the national Young Women’s Christian Association (YWCA), whose local chapters had received more than \$70,000 in PM grants that year, signed a public letter calling on the company to change its cigarette marketing practices. PM’s vice president of corporate affairs, Ellen Merlo, noted in an internal e-mail that “[W]e certainly do not require that worthy recipients speak out for us, but if they are publicly against us, [I] would give thought to continued support”</p> <p><u>Arguments used</u></p>
Mekemson and Glantz, 2002 [459]	<p><u>Geography</u> USA (Hollywood, California)</p> <p><u>What policy is the TI attempting to influence</u></p>

	<p>Promotion of tobacco through entertainment media</p> <p><u>Tactics used</u></p> <p>The cigarette companies claimed to solve the problem by modifying their voluntary Cigarette Advertising and Promotion Code. In 1990, they added: "No payment shall be made by any cigarette manufacturer or any agent thereof for the placement of any cigarettes, cigarette packages, or cigarette advertisements as a prop in any movie produced for viewing by the general public".</p> <p><u>Arguments used</u></p>
Nakkash and Lee, 2009 [441]	<p><u>Geography</u></p> <p>Lebanon</p> <p><u>What policy is the TI attempting to influence</u></p> <p>Marketing restrictions and health warnings</p> <p><u>Tactics used</u></p> <p>The industry supported a voluntary code in Lebanon to delay or prevent binding regulation.</p> <p>Documents suggest intense industry lobbying again delayed and weakened the proposed revision [1992, PHC began discussing stronger warnings which would be rotated, occupy 20% of pack size and extend to broadcast media]: "[f]ollowing discussion with the tobacco companies and advertising agencies, the government has made no moves to introduce it. Industry/government talks on an ongoing informal basis aim to slow down the possible introduction of further legislation".</p> <p><u>Arguments used</u></p>
Neuman et al, 2002 [451]	<p><u>Geography</u></p> <p>Europe (mainly Germany, UK, Netherlands, Denmark)</p> <p><u>What policy is the TI attempting to influence</u></p> <p>Through Council Directive 98/43/EC, the European Community (EC) sought to end all tobacco advertising and sponsorship in EC member states by 2006. Initially proposed in 1989, the directive was adopted in 1998, and was annulled by the European Court of Justice in 2000 following a protracted lobbying campaign against the directive by a number of interested organisations including European tobacco companies. A new advertising directive was proposed in May, 2001.</p> <p><u>Tactics used</u></p> <p>Germany</p> <p>Philip Morris sought to maintain strong political alliances within Germany, and to provide German legislators with a variety of arguments against the advertising ban.... Industry documents reveal that the German tobacco industry viewed former German Chancellor Helmut Kohl as a close ally from as early as 1978.</p> <p>Industry documents suggest that the industry worked with Germany to introduce a weak proposal designed to replace the proposed, stronger EC advertising ban. According to industry documents, this proposal was drafted by the tobacco industry and was intended to be submitted, without acknowledgment of its true origin, through German representatives to the EC. The proposal was produced by the Confederation of European Community Cigarette Manufacturers (CECCM), an organisation that the industry created to coordinate political efforts of all major EC tobacco manufacturers.</p> <p>UK</p> <p>In 1990, UK Prime Minister Margaret Thatcher denounced the EC advertising directive as "meddling" in the domestic affairs of member states. Philip Morris' documents state that in July, 1992, shortly after she left office as Prime Minister, Philip Morris Companies hired Thatcher as a geopolitical</p>

	<p>consultant for a fee of US\$250 000 per year and an annual contribution of US\$250 000 to the Margaret Thatcher Foundation. As reported by The Times (London), a March 31, 1992, memorandum from Geoffrey Bible, executive Vice-President of Philip Morris Companies, described key areas in which Philip Morris sought to use Thatcher's international experience. These included the proposed EC ban on tobacco advertising.</p> <p>In 1992, Philip Morris also considered Kenneth Clarke, the Secretary of State for Education and Science at the time and Secretary of State for Health from 1988 to 1990, as an ally in opposition to the ban. Panel 3 shows a 1992 correspondence between Clarke and Philip Morris' Ian Sargeant in which Clark assures Sargeant that he will do his best to ensure that the Tory government maintains its opposition to the EC advertising ban. Clarke's links to the tobacco industry have continued to the present. Beginning in 1998, Clarke received UK£100 000 a year to serve as a deputy chairman of British American Tobacco while also holding a seat in the UK House of Commons.</p> <p>Netherlands</p> <p>Philip Morris lobbying efforts in the Netherlands employed a strong publicity campaign against the advertising ban. The 1991 Philip Morris-EEC corporate affairs agenda describes a tobacco industry-organised "local coalition of opinion leaders in the Netherlands, 'Multiple Choice', which undertook communications efforts and lobbied the Dutch government on the EC directive."</p> <p>Denmark</p> <p>Philip Morris sought to preserve Denmark's opposition to the ban through the creation of the Committee for Freedom of Commercial Expression, a group designed to cultivate opposition to the ban in Danish social and governmental circles. The committee was to be "managed at arm's length—distanced from Philip Morris". The Committee thus could have appeared to the public as an independent third party. In building the committee, industry recruited "more than 50 prominent Danes, including a leading Constitutional lawyer, the President of a major brewery, a leading Danish writer and philosopher and a well-known architect".</p> <p>EU-wide</p> <p>The tobacco industry established alliances with groups representing various industries on a pan-European level... By 1991, Philip Morris had built coalitions with International Chamber of Commerce (ICC) and the Union of Industrial and Employers' Confederations of Europe, two pan-European lobbying bodies. The 1991 Philip Morris-EEC corporate affairs agenda reports that "the ICC's General Secretary sent letters to key EC officials" in opposition to the proposed advertising directive.</p> <p>Philip Morris also activated the communications and business communities "in the defense of marketing freedoms for tobacco", producing position papers encouraging media and advertising groups "to raise their voices" before local governments and the EC.</p> <p>Through the Adam Smith Institute (ASI), a British policy institute based in London, the tobacco industry commissioned two "separate but complementary projects . . . within a total budget of £30,000". These resultant reports would argue against the EC advertising directive by placing "the EC anti-tobacco proposals in the context of a host of proposals which progressively restrict personal freedom".</p> <p>As an alternative measure to the EC advertising directive, the European</p>
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	<p>tobacco industry developed a voluntary code of practice for tobacco advertising and sponsorship. On May 12, 1992, Philip Morris' Ian Sargeant described a plan to create "an EC-wide industry code of conduct on advertising that would reassure the politicians that the industry had put its own house in order and would remove the political pressure to legislate". Like the industry draft directive on harmonisation, the voluntary code was produced by CECCM in 1992 and proposed minimal restrictions, primarily prohibiting tobacco advertising and sponsorship "directed towards persons who are under eighteen years of age".</p> <p><u>Arguments used</u></p> <p><u>Germany</u></p> <p>A 1993 Philip Morris marketing freedoms presentation describes Philip Morris's proposals to defeat the EC advertising ban through cooperation with Kohl: "Use all possible German influence to prevent a weakening of the blocking minority. Work with Chancellor Kohl to put ad ban directive on commission subsidiarity list." The principle of subsidiarity pertains to policy areas in which the EC as well as individual member states may both have competence to act. In these areas, the EC may only take action if the proposed objective cannot be sufficiently achieved by member states. The tobacco industry recognised subsidiarity as a potential basis on which to have the advertising ban abandoned. Kohl's inclusion of the advertising ban on the subsidiarity list would constitute an attempt to veto the ban on the basis of infringing on national sovereignty. Philip Morris claimed success in securing German opposition to the advertising directive on the basis of subsidiarity in a 1993 memo prepared in part by David Greenberg, a Corporate Affairs Executive for Philip Morris in the EEC region: "the German Government has included the EC ad ban in its list of directives to be dropped out under the subsidiarity principle."</p>
O'Sullivan and Chapman, 2000 [442]	<p><u>Geography</u></p> <p>China</p> <p><u>What policy is the TI attempting to influence</u></p> <p>General marketing regulations</p> <p><u>Tactics used</u></p> <p>As in the West, self regulating the marketing of cigarettes was used to avoid legislation as well as to portray industry responsibility. "If done honestly and with the concurrence of government authorities—and in advance of restrictive government proposals—industry codes can be accepted instead of legislation." RJR considered the utility of a voluntary code, to demonstrate that: "American tobacco manufacturers adhere to the advertising laws and regulations of the countries in which they operate."</p> <p><u>Arguments used</u></p> <p>As in the West, the TTCs ran a public line on their declared position of not targeting non-smokers, particularly women and children: "Although some advertisements appeal to young adults who smoke, American tobacco manufacturers do not target any advertisements towards children . . . Moreover, research reveals that smoking initiation is a complex process, and advertising plays only a "miniscule" role—"if any"—in that process."</p>
Otterson, 2011 [469]	<p><u>Geography</u></p> <p>USA</p> <p><u>What policy is the TI attempting to influence</u></p> <p>The Tobacco Control Act (2009) made three changes to cigarette warnings. First, existing warnings on cigarette packages must be replaced with nine new specified verbal warnings. Second, nine new graphic images must be paired with the textual warnings on a rotating basis. Finally, companies must move the warnings from the side of the package and devote at least the top 50% of both the front and back panels to the government-mandated messages.</p> <p><u>Tactics used</u></p> <p>The case decided in November, R.J. Reynolds Tobacco Company v. FDA, challenged the second two of these three changes, as implemented through</p>

	<p>an FDA rule published on June 22, 2011.</p> <p><u>Arguments used</u></p>
<p>Pan American Health Organisation, 2002 [473]</p>	<p><u>Geography</u> Latin America</p> <p><u>What policy is the TI attempting to influence</u></p> <ol style="list-style-type: none"> 1. General advertising restrictions in the Latin American region 2. 1991 - Caracas, Venezuela: ban on outdoor advertising (tobacco and alcohol) 3. 1991 – Honduran proposal for advertising ban <p><u>Tactics used</u></p> <p>1 As pressure for greater regulation and restrictions grew, the cigarette companies employed diverse resistance tactics. As well as developing alternative marketing and promotional strategies such as brand stretching and nightclub promotions to stay ahead of the law, the companies found an important deterrent to stricter governmental regulations in voluntary marketing codes.</p> <p>2 The companies [BAT and PM] also joined forces to oppose legislation that restricted tobacco advertising. In 1991, when the city of Caracas, Venezuela, passed an ordinance banning all outdoor advertising of cigarette and alcohol, BAT's Bigott and PM's Catana, allying themselves with outdoor advertising agencies, explored legal and other options to counter the ban.</p> <p>3 A successful lobbying effort occurred in 1991 when the tobacco companies and their advertising allies managed to block a Honduran proposal for an advertising ban, gaining agreement from the Minister of Health that the companies themselves would write a new draft of the proposed regulation.</p> <p><u>Arguments used</u></p>
<p>Physicians for Smoke-Free Canada, 2008 [436]</p>	<p><u>Geography</u> Transnational (mostly Canada)</p> <p><u>What policy is the TI attempting to influence</u></p> <ol style="list-style-type: none"> 1. Canada 1992-4: Tobacco Products Control Act 2. Australia 1992-5: plain packaging and on-pack health warnings 3. Canada 2000: health warnings 4. Canada 1997-9: plain packaging 5. Finland 1993: proposal to strengthen the 1977 law banning tobacco advertising 6. South Africa 1994: 25% pack health warnings 7. Hong Kong 1996: Smoking Public Health Amendment Bill, restricting advertising and requiring health warnings 8. New Zealand 1997: increase size of health warnings 9. South Africa 1998: Tobacco Products Control Amendment Bill 10. Sri Lanka 1999: proposed National Authority on Tobacco and Alcohol 11. EU 2000-1: EU Directive on Tobacco Advertising 12. FCTC 2003 <p><u>Tactics used</u></p> <p>1 On May 20 1993, Rothmans senior lawyer responsible for regulatory affairs, James Seddon invited his colleagues in the other for-profit multinational companies to consider a joint approach to plain packaging and larger health warnings.... By late summer his proposed group had met, and by November had fully taken shape.</p> <p>The International Chamber of Commerce (ICC) was among those recruited</p>

	<p>by BAT into writing a strongly worded letter to Canada's trade minister, opposing plain packaging in Canada on trademark grounds. Despite WIPO's advice to the contrary only a month before, the ICC maintained this would be a serious breach of Canada's obligations under the Paris Convention.</p> <p>A month later, with hearings about to begin, McDonald again wrote the Plain Pack group (on April 5, 1994). This time he had more specifics to report on the CTMC's strategy, which closely followed the Plain Pack Group strategic outline:</p> <ul style="list-style-type: none"> • They worked to prompt an energetic public debate. (Their campaign manager, David Small, coordinated messaging through frequent bulletins and an aggressive media campaign). • They created their own body of evidence by publishing their own materials and papers. They soon commissioned market research from Decima and hired university-based researcher, Zalton Amit, to counter the findings of the Canadian Cancer Society). • They created their own experts. (They engaged John Luik coordinate 'academics who would argue against plain packaging,' and engaged former Mountie Rod Stamler to say that plain packaging would lead to contraband). <p>This campaign would continue to involve third-party allies. In the first week of July 1994, 30 representatives of "packagers, retailers, growers, printers, suppliers and their workers" were brought together to work on the next steps of the campaign.</p> <p>Philip Morris and RJ Reynolds engaged former U.S. trade representative, Carla Hills, and former Deputy Trade Representative, Julius Katz.</p> <p>When the Cancer Society appeared before the committee to offer its research findings, the CTMC countered with a review they had commissioned from Concordia professor, Zalton Amit, which eviscerated the CCS-funded study.</p> <p>2</p> <p>The companies also approached the vice-consul (commercial) of the British Consul General in Sydney, Peter Hughes to request assistance from the U.K. government in their "dealings with government in Australia" over package reforms. A letter was sent in August 1992, and a meeting was held with him the following April. Mr. Hughes obligingly made an inquiry of the British industry ministry, but the answer he received and forwarded in July 1993 was consistent with virtually all the external advice the companies received: there were no trade barriers to restraining the use of trademarks on cigarette packages. To think otherwise, in the opinion of the British government, would require several "large and imaginative leaps".</p> <p>3</p> <p>BAT director of Corporate and Regulatory Affairs wrote the EU Commissioner for Enterprise and Information Society, Erkki Liikanen, to protest the new Canadian health warnings.</p> <p>6</p> <p>"These are serious infringements of valuable property rights which will expose the South African government to legal challenge."</p> <p>9</p> <p>The response of the Tobacco Institute of Southern Africa to this legislative proposal ... Severe embarrassment and even international litigation could result".</p>
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	<p><u>Arguments used</u></p> <p>1</p> <p>Their position [was] that the law was beyond federal jurisdiction and that it was inconsistent with Charter-protected freedoms of expression.</p> <p>The International Chamber of Commerce (ICC) was among those recruited by BAT into writing a strongly worded letter to Canada's trade minister, opposing plain packaging in Canada on trademark grounds. Despite WIPO's advice to the contrary only a month before, the ICC maintained this would be a serious breach of Canada's obligations under the Paris Convention.</p> <p>They were not shy to describe their strategy to their multinational Colleagues... To accommodate their Canadian operations, the European headquarters of the Canadian companies followed this strategy and worked behind the scenes to get an object filed by the European Union under GATT technical barriers to trade (TBT) procedures. On May 24, 1993, their efforts paid off when the EU GATT Inquiry point wrote the Canadian authorities to say that the new 25% warnings were "excessive" (they said the EU warnings which were only of 4 to 6% of the package worked just as well).</p> <p>Philip Morris and RJ Reynolds engaged former U.S. trade representative, Carla Hills, and former Deputy Trade Representative, Julius Katz to tell the Canadian Commons Committee that plain packaging would be an "unlawful expropriation" of their trademark rights and that "the compensation claims of affected foreign trademark holders would be staggering, amounting to hundreds of millions of dollars."</p> <p>On Thursday, May 14, 1994 the last set of 6 witnesses were heard, and the last word was given to the Canadian Tobacco Manufacturers Council. Plain packaging, they said, would lead to contraband, would make cigarettes cheaper and more available to youth, would result in the direct loss of 1,200 jobs, would expose the government to "billions of dollars" of compensation claims and would be an abuse of process, in light of the industry's constitutional challenge to the Tobacco Products Control Act.</p> <p>2</p> <p>In January 1994, BAT's Australian subsidiary nonetheless took these large and imaginative leaps and told a government commission of inquiry into the tobacco industry that "The Company does not oppose a review of health warnings, only pack design regulations which take no account of registration of trademarks and pack designs, intellectual properties and rights advocated by GATT".</p> <p>A year later, in February 1995, BAT's Australian subsidiary, WD & HO Wills, provided the Senate Inquiry into the Tobacco Industry and the Costs of Tobacco Related Illnesses with a supplementary submission, focused entirely on generic packaging. This strongly worded submission concluded that plain packaging would violate "the legal and constitutional rights of the manufacturers who own them. Loss of brand rights would lead to substantial claims for compensation."</p> <p>4</p> <p>The industry again responded with a flurry of trade objections, including a repetition of their claim, against WIPO advice, that the regulations would "expose Canada to legitimate and well-founded complaints under World Trade Organization agreements such as the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Paris Convention for the Protection of Industrial Property."</p>
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	<p>5 The Finnish Tobacco Manufacturers Association told parliament that “The prohibition against the use of symbols combined with a prohibition to register the trademark of a tobacco product as a trademark for a product other than tobacco product would be incompatible with the fundamental principles of the trademark rights, defined in the Paris Convention binding on Finland.”</p> <p>6 In a letter to the health ministry, Philip Morris claimed that the proposed larger health warnings would infringe their property rights. “Protection of International Property Rights has provided assurances to international consumer products companies that their trademark rights will be respected and protected against infringement or expropriation. Yet the proposed regulations, which would obscure 25% of the front package and 50% of the back package, would seriously infringe these trademark rights, causing consumer confusion as to source, weakening brand identification and generally amounting to a government expropriation of these valuable property rights”</p> <p>7 The Tobacco Institute of Hong Kong protested that “The Bill's proposals also would effectively diminish the commercial value of trademarks lawfully registered and used in Hong Kong, without any compensation to the trade mark owner. They may also violate the Paris Convention for the Protection of Intellectual Property and that part of the General Agreement on Tariffs and Trade (GATT) dealing with Trade Related Aspects of Intellectual Property Rights (TRIPS). This would send a powerful message to the international community concerning the respect which Hong Kong has for intellectual property rights”.</p> <p>8 In a submission to the government, the Tobacco Institute of New Zealand charged that the proposals were “an unwarranted and unjustifiable interference with the intellectual property rights of tobacco companies and “contrary to New Zealand's international obligations undertaken in the WTO/TRIPS Agreement which New Zealand has ratified and by which it is legally bound.”</p> <p>9 The response of the Tobacco Institute of Southern Africa to this legislative proposal was to claim that the measures were a technical barrier to trade. “The implementation of this Bill will probably result in a violation of some of South Africa's international obligations... A state cannot escape its international legal obligations vis à vis other states by relying on its domestic law. ... Severe embarrassment and even international litigation could result”.</p> <p>10 BAT's subsidiary, the Ceylon Tobacco Company, challenged the proposed law as raising “serious issues ... under a number of international agreements to which Sri Lanka is a signatory, including the Paris Convention for the Protection of Industrial Property, the Agreement on Trade Related Intellectual Property Rights and Agreement on Technical Barriers to Trade.)</p> <p>11 In a meeting with the European Parliament Committee on Environment, Public Health and Consumer Policy, the industry said that because descriptors, like ‘light’ were part of a trademark, and therefore “a prohibition</p>
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	<p>of use of such a combined trademark would violate the TRIPS Agreement and the Paris Convention." The industry commissioned an extensive argument regarding trade agreement impediments to implementing the directive.</p> <p>Japan Tobacco International filed a complaint in mid-September 2001 with the European Court of First instance claiming that the ban on 'light' and 'mild' was a violation of intellectual property laws.</p> <p>12 British-American Tobacco's Submission to the WHO's Framework Convention on Tobacco Control warned that "The WHO's proposals to ban tobacco advertising and descriptors such as 'Lights', could infringe commercial and intellectual property rights guaranteed in international law and could clash with provisions embodied in national constitutions protecting freedom of speech.</p>
Sebrie and Glantz, 2007 [94]	<p><u>Geography</u> Latin America <u>What policy is the TI attempting to influence</u> General marketing regulation <u>Tactics used</u> As in the United States, the industry's Latin American "educational" programs concentrated on promoting "adult choices".... Anticipating new regulations on tobacco marketing activities outside the United States. Geoffrey C Bible, the chairman of the board and chief executive officer of Philip Morris, the parent company, asked PMLA, as well as other regional officials of PMI, to prepare a report describing what had been done on the issue of preventing youths' access to tobacco... All PMI regions were requested to demonstrate they had "credible youth smoking prevention] programs in place, and that [they] work cooperatively with governments on the issue," In response, in August 1997, Leiber prepared for Bible the "Latin America Report: Youth Access Prevention and Education Programs." ... As a public relations tactic to achieve this support, Leiber said, PMLA representatives "regularly meet with presidents, first ladies, prime ministers, ministers of education, ministers of health and presidents of congressional commissions to seek their support, endorsement and, ... their co-sponsorship."</p> <p>Using the 1993 PMI Marketing Code as a model, the company's Latin American subsidiaries issued codes that promised to "market their cigarettes responsibly and only to adults" to prevent the approval of effective governmental tobacco control regulations. Generally, the codes were endorsed by the local national manufacturer's association, the local advertising agency association, the International Advertising Association, and the media trade association, and were signed by PMI and BAT.</p> <p>On September 11, 1997. the Lower House of Paraguay passed a bill to regulate tobacco and alcohol advertising and promotion... As a counterproposal, CERNECO offered to work with the minister of education to continue implementing the tobacco industry's education program "Yo Tengo P.O.D.E.R," ("I Have Power") and the retailer program "Es lo Correcto" ("It's the Right Thing"). <u>Arguments used</u></p>
Sebrie et al, 2005 [471]	<p><u>Geography</u> Argentina <u>What policy is the TI attempting to influence</u> General marketing regulation <u>Tactics used</u> After securing the Neri Bill veto, the industry started to prepare new</p>

	<p>legislation as “a constructive counter-proposal” to protect their interests. According to PMLA’s vice president, “[the] tobacco industry maintained frequent contact with Senate Health Committee to discuss alternative proposals which culminated in the preparation of substitute bills by several senators for consideration by the committee”.</p> <p>In November 1992, Senator Pedro Molina, President of the Public Health Committee, introduced an “alternative bill” in the Senate that was consistent with the industry’s voluntary advertising code.</p> <p>The industry also sought to pre-empt meaningful anti-tobacco education with its own “youth smoking prevention” programmes. The PMI’s five point “Youth Access Prevention & Education Programs” (including local marketing codes, sampling guidelines, minimum age of purchase laws, education and retailer programmes) were developed for Latin America by 1997, to shift the focus away from the industry’s advertising and marketing (as in other countries).</p> <p><u>Arguments used</u></p>
Shirane et al, 2012 [450]	<p><u>Geography</u> Czech Republic</p> <p><u>What policy is the TI attempting to influence</u> 1992 Consumer Protection Act. A further advertising ban was passed in December 1993, and government started working on a new advertising law in March 1994. 1994–1995, the Czech Parliament approved an amendment to the Law of Prevention of Alcoholism and Other Drug Addictions</p> <p><u>Tactics used</u> PM... pursued “all available means to obtain a favourable amendment”</p> <p>It used a previously established organisation, Libertad, which, although fully funded by PM, positioned itself as not-for-profit. Supported by the global public relations company Burson-Marsteller, Libertad helped frame freedom to advertise tobacco products as a matter of commercial free speech. The campaign was successful and the advertising ban was formally cancelled in July 1993. PM subsequently worked to produce a voluntary code of conduct, presumably to decrease the likelihood that another legislative ban would be proposed</p> <p>However, to PM’s apparent surprise, a further advertising ban was passed in December 1993, which PM again worked “to reverse”, promoting self-regulation as an alternative. In February 1994, a vote on relaxing the ban was passed, allowing existing tobacco advertising contracts to run until December 1994 or until a new law was passed, meaning that, although tobacco advertising was technically banned, it still existed throughout the country. Just days prior to this vote, PM had taken five Czech Members of Parliament (MPs) to a two-day all-expenses paid “briefing trip” to Switzerland.</p> <p>The government started working on a new advertising law in March 1994, and by April 1994, PM had become directly involved with its development. The new law was approved in October and in line with PM’s objective, relied on self-regulation.</p> <p>PM documents note that a “behind the scenes approach” helped them achieve success. A key component of this approach was the establishment of the Council for Advertising, an organisation made up of advertisers and the media which was charged with administering an industry marketing code, closely modelled on PM’s own internal code. At least two documents suggest PM was involved in establishing the Council for Advertising and another suggests PM helped fund it.</p>

	<p>By 1994–1995, the Czech Parliament approved an amendment to the Law of Prevention of Alcoholism and Other Drug Addictions, which included a ban on day-time TV and radio advertising for tobacco products. However, the law was rejected by President Havel, following “several weeks of intensive lobbying by the industry”.</p> <p><u>Arguments used</u></p>
Stanton et al, 2009 [467]	<p><u>Geography</u> USA (Maine)</p> <p><u>What policy is the TI attempting to influence</u> Public Law 470: bill to regulate tobacco displays and sales targeted towards children</p> <p><u>Tactics used</u> In an email from Kent Wold, RJ Reynolds Office of Government Affairs, to Roger Mozingo, Senior Vice President of RJ Reynolds, the tactic was described as requiring a one-time only license for cigarette retailers, which in return, “the industry obtained local government preemption for self service displays and advertising.” The bill was passively supported by the Maine Grocers Association and the Maine Retail Merchants Association. The legislation was lobbied by the industry, which argued it was a good alternative to a more restrictive bill.</p> <p><u>Arguments used</u></p>
Szilágyi and Chapman, 2004 [449]	<p><u>Geography</u> Hungary</p> <p><u>What policy is the TI attempting to influence</u> Advertising ban</p> <p><u>Tactics used</u> As early as 1992 PM promoted the establishment of a working group aimed at studying “the issues involved in liberalising the current ad ban” with representatives of the industry, ministries, and the Hungarian association of cigarette producers. In spite of the repeated violation of advertising rules by TTCs – such as with BAT addressing direct mails to children -, high-level government officials decided to commence negotiations with the industry: “Despite the damage done by the BAT’s direct main campaign... Deputy Secretary of State Schagrin agreed to go ahead with a December 3rd [1992] meeting to discuss a constructive solution to the problems with interpretation of existing legislation on tobacco advertising”.</p> <p>The law governing the advertising ban was administered by the Ministry of Trade and Industry (MTI) with the Health Ministry – always among the weakest portfolios of successive Hungarian governments – also invited to participate in discussions in late 1992. TTCs sought urgent liberalisation of advertising rules and offered a voluntary marketing code; they knew that “if done honestly and with the concurrence of government authorities – and in advance of restrictive government proposals – industry codes can be accepted instead of legislation”.</p> <p>The Ministry of Agriculture (MoA) supported PM’s effort in using the working group as a forum “to negotiate the development of a decree which will serve as a more practical interpretation of the Trade Law [one of the regulations on tobacco advertising]”. Members of the working group included the representatives of the Hungarian TTCs, but also delegates of the alcohol industry. The latter was another partner interested in the amendment of the 1978 decree since alcohol advertising was also banned at that time.</p> <p>Meanwhile, the Hungarian Association of Cigarette Manufacturers (HACM), soon after its establishment by TTCs in 1994, took up the leadership in orchestrating the development of a voluntary code on advertising. The then</p>

	<p>operating Hungarian TTCs (PM, BAT, Reemtsma and R.J. Reynolds) put together a more detailed “industry proposal for modernisation of the regulatory environment regarding the marketing of tobacco products”, in an attempt to “reopen discussions with the government”. The voluntary code, “proposed and elaborated by PM”, was integral part of this document...The document package was accepted and signed by representatives of TTCs on 27 October 1994. The MTI was chosen as the “initial avenue” for lobbying since “their legal department drafted the versions A and B of the former law proposal”. In addition, Andreas Gembler of PM Europe had already lubricated the process by discussing the issue with László Pál, then trade minister during the Hungarian Grand Prix (37). The HACM also engaged itself in a lobbying tour promoting a weak law, which allowed enough room for industry self-regulation: “The Hungarian Association of Cigarette Manufacturers (HACM) gave a presentation on the economic impact of the tobacco industry in Hungary and presented the HACM position on tobacco advertising to representatives of the legal sections on the Ministries of Industry & Trade, Labour, Finance, Culture & Education, and Health. The meeting was successful and will foster further dialogue. In particular, the representative of the Ministry of Health called for a compromise on the two versions of the tobacco advertising law draft, an industry voluntary code and an enforceable regulatory regime on advertising”.</p> <p>HACM: As well as direct lobbying of ministry officials, MPs and parliamentary committees, it also communicates industry positions in the news media. It commissions studies and economic analyses to support industry views and actively promotes these among key decision makers.</p> <p>The Self Regulatory Advertising Board (SRAB), ostensibly established to protect the public from deceptive advertising, seemed to be the most faithful supporter of the TTCs. The organisation, established on March 1996, just a few months before the launching of the parliamentary debate of the advertising bill, is a vocal supporter of self-regulation, claiming that it provides more effective and flexible solutions to the regulation of the advertising industry itself and to the control of conflicts between the industry and the public. Both BAT and PM were founding members of the organisation, along with advertising agencies with close links to tobacco companies. Moreover, both BAT and PM have had their representatives elected members of SRAB’s governing bodies.</p> <p><u>Arguments used</u></p> <p>PM considered the Hungarian tobacco industry “a significant and steady source of government tax revenue if healthy and prosperous” and claimed that the freedom to advertise was essential for the continuous influx of capital to be used for the modernisation of the Hungarian tobacco industry: “A critical factor for the successful implementation of the Philip Morris proposal to modernise the Hungarian tobacco industry is the complete freedom of manufacturers to advertise their products... consumers must be provided with the essential characteristics of the product entries in an impactful way”.</p>
Tsoukalas et al, 2003 [460]	<p><u>Geography</u></p> <p>USA (Minnesota)</p> <p><u>What policy is the TI attempting to influence</u></p> <p>HF 117 – youth access legislation</p> <p><u>Tactics used</u></p> <p>A few days after HF 117 was introduced, the tobacco industry put in place a plan to have what it called “a retailer alternative” bill to refer to the House Commerce Committee. The tobacco industry’s troops on this were the Minnesota Grocers Association, the Minnesota Retailers Association, and the Minnesota Petroleum Marketers Association. By January 24, 1997, Philip Morris had in place a script for a phone bank to call Minnesota</p>

	<p>retailers with claims such as “HF 117 could severely restrict your ability to sell tobacco to your adult customers,” and “If this bill becomes law, it could have a negative economic impact on your business”. The phone bank surveyor was then directed to urge the tobacco retailers to call their state representative to oppose HF 117 (Philip Morris’ phone bank objective was to have the retailers target the entire State House of Representatives). Another tactic Philip Morris used was to have its chief midwest lobbyist, Jack Lenzi, place calls to all House Commerce Committee members using them to oppose HF 117.</p> <p>Philip Morris’ phone bank sought to encourage retailers to push their legislators to adapt preemptive laws to eliminate local government’s ability to enact tougher youth access related ordinances. On February 6, 1997, the Minnesota House passed HF 117 with the preemption exclusion intact</p> <p><u>Arguments used</u></p>
Tumwine, 2011 [437]	<p><u>Geography</u> Africa</p> <p><u>What policy is the TI attempting to influence</u> Advertising ban</p> <p><u>Tactics used</u> Tobacco industry interference is a major obstacle that African countries face in their efforts to ban tobacco advertising, promotion and sponsorship. A formerly secret industry document belonging to BAT revealed that a “proposed ad ban in Sierra Leone, taken out of the Cabinet at voting stage” was an example of “marketing freedoms in Africa maintained through concerted government relations and effective community involvement programmes”</p> <p><u>Arguments used</u></p>
Tung and Glantz, 2008 [461]	<p><u>Geography</u> USA (Nevada)</p> <p><u>What policy is the TI attempting to influence</u> Senate Bills 622 (TI supported) and 637 (Tobacco Prevention Coalition supported) – legislation to comply with the requirements of the federal Synar amendment (federal requirement for states to pass laws restricting the sale of tobacco to minors)</p> <p><u>Tactics used</u> Senate Bill 622 was drafted and backed by the tobacco industry.</p> <p>Senate Bill 622 as originally introduced gave sheriff departments and law enforcement organizations the responsibility for conducting the random inspections of tobacco merchants and reporting of compliance with state law restricting the sale of tobacco products to minors. SB 622 also sought to introduce what would be later be called super preemption, which was legislation preventing local governments from imposing more stringent restrictions on anything related to tobacco, specifically the smoking, use, sale, distribution, marketing, display, or promotion of tobacco products.</p> <p><u>Arguments used</u></p>
Washington et al, 2012 [470]	<p><u>Geography</u> USA (Kentucky)</p> <p><u>What policy is the TI attempting to influence</u> 1998 advertising restrictions</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u> In 1988, the three local chapters of voluntary agencies, American Cancer, Heart, and Lung joined together to create the Tobacco-Free Young Kentuckians coalition...The Coalition was primarily formed to implement the</p>

	<p>national tri-agency Smoke-Free Class of 2000 program in Kentucky. The Smoke-Free Class of 2000 program was a 12-year program designed specifically to target children in the first grade in 1988, with a with tobacco prevention, awareness and education, in an effort to prevent youth smoking. The tobacco industry monitored the activities of the national program and used the program activities to develop arguments to oppose advertising restrictions in 1998 by claiming that youth were well aware about the dangers of smoking as a result of the national Smoke-free Class of 2000 program.</p>
Welle et al, 2004 [463]	<p><u>Geography</u> USA (North Dakota) <u>What policy is the TI attempting to influence</u> Vending machine restrictions (1992) <u>Tactics used</u> The Tobacco Institute outlined their strategy in a “Pro-Active Proposal” created prior to the beginning of the 1991 legislative session.</p> <p>According to the Tobacco Institute: “The tobacco wholesalers have expressed some interest in pushing for a state-wide preemptive bill”.</p> <p>Wolf (Tobacco Institute lobbyist) stated that he would be providing Waltman and Carlson (vending machine company owners) with information to use when talking with council members and “alternate language that could be used to seek a compromise with the proponents of the City Commission.</p> <p><u>Arguments used</u> Following the standard tobacco industry strategy of predicting that tobacco control measures would hurt the economy, Dave Schwann, president of Schwann Wholesale (vending machine dealer), Devils Lake, provided loss of business statistics including “56 vending machines would be lost, 21% of the total [Devil’s Lake]. \$45,000 would be lost in gross profit, and one job would be lost in Devil’s Lake.”</p>
WHO, 2008 [444]	<p><u>Geography</u> Middle East (UAE and Lebanon) <u>What policy is the TI attempting to influence</u> 1. UAE – 1990 proposed ban on outdoor advertising, promotions and sampling 2. Lebanon – 2000 advertising ban <u>Tactics used</u> 1 In 1990, the tobacco industry in the United Arab Emirates successfully defeated proposals to ban outdoor advertising, promotions and sampling. “Working within and with the United Arab Emirates Chapter of the IAA, META members with their advertising agencies and suppliers, were able to sensitise key decision makers on the potential implications of the ban”</p> <p>In order to forestall government restrictions on tobacco advertising, the companies devised and promoted voluntary codes on advertising. The goal of such codes, according to META, was “the goodwill to be gained with the UAE authorities to the benefit of the industry from being able to point to a voluntary ‘in-house’ document formalizing – in an informal way – standards of behaviour which at an unknown future date the authorities could well enforce anyway”</p> <p>2 A copy of a 20 March 2000 memo from Bisharah Baroudi of Philip Morris to Nicolas Hobeiche details steps that BAT and Philip Morris were taking in reaction to proposals in Lebanon for an advertising ban. Beginning with an “informal approach” by Ramzi Najjar of Bates-Rouge (BAT’s advertising agency) to the Minister of Health at a dinner function, the companies have</p>

	<p>been trying to play on the Minister's concern for youth smoking by proposing joint government-industry cooperation on youth smoking prevention. In the memo, Baroudi proposes "constructive engagement and cooperation with the Ministry of Health in addressing youth smoking", including encouraging minimum age legislation and launching retail access prevention programs.</p> <p><u>Arguments used</u></p> <p>1</p> <p>"Working within and with the United Arab Emirates Chapter of the IAA, META members with their advertising agencies and suppliers, were able to sensitise key decision makers on the potential implications of the ban on local businesses and Dubai's efforts to become a centre of tourism in the GCC. This mobilization under the IAA's umbrella succeeded in suspending the implementation of the proposed ad ban and proved that Industry action through the local Chapter of the IAA can be very effective in defending marketing and sponsorship freedoms."</p>
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Appendix 2: Alcohol Industry Systematic Review Data Extraction

<u>Study</u>	<u>Extracted information</u>
B&T Magazine, 2012 [503]	<p><u>Geography</u> Australia</p> <p><u>What policy is the AI attempting to influence</u> General marketing - A stoush has broken out between the newly-formed Alcohol Advertising Review Board (AARB) and the AANA, with the body representing some of the biggest advertisers in the country claiming that the AARB is attempting to introduce greater alcohol advertising regulation by stealth.</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u> Jeremy Griffith (Corporate affairs director, Carlton United Brewers):</p> <p>As tempting as it is to allow the health lobby to decide what is funny and proper, we think the current approach to advertising self-regulation gets it right. The Alcoholic Beverages Advertising Code (ABAC) is robust and effective and meets with community standards. The health lobby's approach is to ban everything, and if it cannot be banned, regulate it severely. It pays no regard to whether the current system actually works. The ABAC is well enshrined in the industry – from the creative and scripting stages to the filming and placement process. It achieves what it intends – to ensure that alcohol is marketed responsibly. As a result, only 4% of complaints received by the ASB each year relate to alcohol advertising. Most importantly, the system has teeth. As signatories to the code, when complaints to the ABAC are upheld, we pull those campaigns. This can cost millions of dollars. We always encourage responsible consumption of our beers, but we certainly won't step away from using humour or nice-looking amber liquid in carefully frosted glasses to sell it. Finally, we welcome anybody to visit us to review our ads and approval process to ensure we are completely aligned with community standards.</p> <p>Alina Bain (Director of codes, policy and regulatory affairs, Australian Association of National Advertisers):</p> <p>There is no need for greater regulation of alcohol advertising as there are already a number of regulatory protections in place in terms of messaging and placement of alcohol advertising. The current self-regulatory system is effective and underpinned by a responsive and transparent complaints handling system. A system that delivers responses to consumer complainants within 30 days and covers all forms of advertising, including new media. The Alcoholic Beverages Advertising Code (ABAC) is co-regulatory with a government representative on the management committee. ABAC'S independent adjudication panel is led by former Attorney General Professor the Hon Michael Lavarch, and is run at arm's length from the industry. It should be noted that alcohol advertisements have to be approved against the code before they go to market, by an independent pre-vetter. The low level of consumer complaints about alcohol advertising demonstrates the system is delivering for the public. According to the Advertising Standards Bureau, alcohol advertising accounts for just 3.78% of all complaints received.</p>

	<p>Leela Sutton (External relations director, Lion):</p> <p>A couple of months ago, mid-strength beer XXXX GOLD became Australia's leading beer. Most new beers released by the major brewers are now brewed at considerably less than 5% alcohol and over the last two decades there has been a significant reduction in average alcohol content. Without marketing and sports sponsorship it would be close to impossible to establish these new beers in the marketplace. While irresponsible advertising should not be tolerated, responsible advertising can have a positive cultural impact. The inflexible ideology of those behind the AARB would have us believe that sports sponsorship will make Australians think they will achieve sporting success if they drink - but we don't think they are that dim. We associate our brands with sport because the audience is mainly adult males and they tend to enjoy a beer when they watch it. Alcohol marketing is already highly regulated. Advertisements have to be approved by an independent pre-vetter before they go to market and, since 2008, the ABAC complaints panel has made 151 determinations with 35% upheld. All forms of regulation need to move with the times and the ABAC system must continue to evolve with the changing media landscape. Rather than confusing genuine complainants and wasting money on PR stunts, those behind the AARB would be better served working with industry to reduce alcohol misuse through practical solutions the community is likely to support.</p>
<p>Bakke and Endal, 2010 [372]</p>	<p><u>Geography</u> Sub-Saharan Africa</p> <p><u>What policy is the AI attempting to influence</u> National alcohol policy drafts (not just marketing)</p> <p><u>Tactics used</u> A comparison was conducted of four draft National Alcohol Policy documents from Lesotho, Malawi, Uganda and Botswana. The comparison indicated that the four drafts are almost identical in wording and structure and that they are likely to originate from the same source.</p> <p>The properties information of two of the MSWord documents indicated that the 'author' was 'mramsay' from the 'company' SABMiller Africa Asia, possibly Mitch Ramsay, Policy and Issues Manager, SAB-Miller Africa. His later comment that 'at the invitation of the workshop attendees, I was invited to prepare a record of the workshop policy proposals in local policy format' may explain this (RamsayM., unpublished observations).</p> <p>The initiative to develop an alcohol policy came from the Ugandan parliament and the task was entrusted to the Ministry of Health. The alcohol industry came on board only later [12]. In the other cases the initiative seems to have come from the drinks industry.</p> <p>All four documents have the same core of policy measures and some key formulations that we would expect the alcohol industry wants to see included. The Lesotho and Malawi documents are almost identical. The Botswana document is also very similar to the two discussed above. Some sections were moved, some removed and other changes had been incorporated. The Uganda document differed somewhat more from the three others. Many of the paragraphs are the same, although the structure is somewhat different.</p> <p>The documents describe that senior representatives of government agencies, NGOs and representatives of civil society groups have been invited to attend workshops and consultations. Reportedly, the workshops were facilitated by Mitch Ramsay of SABMiller and Mr Keith Evans. In another capacity Mr Evans is the Director, Primary Health Care and Drug Strategy, South Australian Department of Health. He is also listed as a consultant to the Washington-based International Center for Alcohol</p>

	<p>Policies (ICAP). ICAP is funded by the largest multi-national beverage alcohol producers ... to operate as an agent for industry interests in global and national policy arenas. Neither the draft policy documents nor the other sources analysed indicate clearly whom Mr Evans represents.</p> <p>According to Mr Evans himself, he acted as an independent facilitator in the workshops at the request of the relevant government departments of the countries concerned.</p> <p>In personal communication and later written comments (unpublished), Mr Mitch Ramsay, Policy and Issues Manager of SABMiller, informed that SABMiller made it possible for Keith Evans to facilitate the workshops.</p> <p>The last part of the draft guidelines for implementation places the responsibility for implementation of the policy with a 'National Alcohol Council', on which representation is reserved for the industry: '[The Council] will draw its membership from Government Officials, representatives of the academic and Public Health Community, representatives of the Non-Government Sector and Civil Society and representatives from the Beverage Alcohol Industry'. According to the proposal, the council will also be responsible for monitoring and for reviewing the National Alcohol Policy every 4–5 years. The policy drafts state the reason for the industry's integral involvement in the policy process by citing its 'vested interest' in reducing alcohol misuse: 'The Government will encourage active participation by all levels of the beverage alcohol industry as a key partner in the policy formulation and implementation process. The beverage alcohol industry has a vested interest in ensuring that alcohol misuse is substantially reduced, and has a unique capacity to access those responsible for promoting and selling alcohol as well as to those who consume their products'.</p> <p>According to the facilitators a tripartite model addressing supply, demand and harm reduction strategies was presented (Evans K., unpublished observations) and there were 'significant discussions about population-based measures and references to relevant WHO sponsored research' (RamsayM., unpublished observations). Whatever the content of these discussions in the workshops, the draft national alcohol policies take essentially the same approach proposed in ICAP's publication <i>Drinking in Context</i>, where the emphasis rests upon the need to manage drinking patterns and strengthen industry/government/public health partnerships... The draft policy documents are devoid of any reference to <i>Alcohol: No Ordinary Commodity</i> or other compilations of the international evidence base on alcohol prevention developed by independent alcohol researchers working on behalf of the WHO.</p> <p>Priority area four—patterns and availability—basically upholds the need to 'develop and implement a transparent self-regulatory system by the alcohol beverage industry' and conduct public education campaigns.</p> <p>In this section there is also a mention of the need to regulate alcohol promotions concluding by subscribing to the preferred industry approach: 'The Government supports the need for self-regulation by the alcohol beverage industry as the most suitable way to manage marketing and promotions'</p> <p>... according to Mr Ramsay (unpublished observations), social and economic deprivation were reportedly discussed in the workshops, those perspectives are not addressed in the policy documents, nor are other specific challenges to developing countries such as alcohol and its relations to key issues such as human immunodeficiency virus/acquired immune</p>
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	<p>deficiency syndrome (HIV/AIDS), gender-based violence, child rights and others</p> <p>We have documented above how the focus of the industry's draft policy is towards the economic and social contribution of alcohol in the society. The key issues and policy measures in the documents indicate that they promote industry self-regulation, for instance with regard to marketing. Their fear of restrictions on alcohol advertising and other marketing activities at a time when the multi-national beer producers are increasing their presence in many African countries might be an important impetus for the present industry initiatives. As long as they can relegate marketing activities to self-regulation, they can use advanced marketing techniques to promote drinking among new segments of the population in these countries.</p> <p><u>Arguments used</u></p> <p>...the Lesotho draft policy begins with the premise that the National Alcohol Policy 'recognises the role alcohol plays in Lesotho, both in terms of its social and economic contribution and in terms of its significant capacity, when misused, to impose unacceptable costs on individuals and the community as a whole'. This and other documents emphasize specifically that: '[t]he Government acknowledges that alcohol enjoys popularity and a place of significance in Lesotho society. Alcohol when used in moderation has a positive role to play in socialisation and the industry is a major contributor to the economy of Lesotho'. One of their key guiding principles enshrines 'the right of the alcohol industry to conduct legitimate and legal business in a responsible way'.</p> <p>The last part of the draft guidelines for implementation places the responsibility for implementation of the policy with a 'National Alcohol Council', on which representation is reserved for the industry: '[The Council] will draw its membership from Government Officials, representatives of the academic and Public Health Community, representatives of the Non-Government Sector and Civil Society and representatives from the Beverage Alcohol Industry'. According to the proposal, the council will also be responsible for monitoring and for reviewing the National Alcohol Policy every 4–5 years. The policy drafts state the reason for the industry's integral involvement in the policy process by citing its 'vested interest' in reducing alcohol misuse: 'The Government will encourage active participation by all levels of the beverage alcohol industry as a key partner in the policy formulation and implementation process. The beverage alcohol industry has a vested interest in ensuring that alcohol misuse is substantially reduced, and has a unique capacity to access those responsible for promoting and selling alcohol as well as to those who consume their products'.</p>
Bond et al, 2009 [382]	<p><u>Geography</u> Transnational</p> <p><u>What policy is the AI attempting to influence</u> General marketing restrictions: advertising and labelling regulations</p> <p><u>Tactics used</u> Partnerships and consultation between alcohol, tobacco and allied companies have also assisted in the development of industry strategies to resist legislative and regulatory measures. To counter advertising and labelling regulations, the MBC five year plan (1992-1996) intended to "coordinate response efforts to proposed restrictions with the entire alcohol beverage industry.</p> <p><u>Arguments used</u> As part of PM's defence of advertising, a recurring theme is reference to the US First Amendment for protection against advertising restrictions on both alcohol and tobacco products. "Truthful advertising about legal products is protected by the First Amendment". PM's position on advertising restrictions on alcohol is:</p>

	<p>“What about proposals to restrict advertising? Numerous credible studies conclude that advertising does not cause alcohol abuse; therefore ad bans will not stop it. Studies conducted by government and independent researchers conclude advertising affects brand performance, not consumption or abuse”</p> <p>The BI claim that alcohol advertising “does not cause alcohol abuse or underage drinking. Contrary to what some believe, there is no evidence to support that link” . The Distilled Spirits Council of the United States (DISCUS) also maintains that “there is no direct linkage between exposure to alcohol ads and the total consumption of alcohol beverages” . DISCUS further states: “The economic effects of a restrictive ban on alcohol advertising would be discriminatory and would adversely affect the legitimate right of an industry, which maintains a good record of social responsibility, to market its products”. PM argue that the company advertises its beer to encourage consumers of legal drinking age to select the Miller brand over other brands. It also aims to “remind drinkers about the importance of consuming products responsibly”</p> <p>A further alcohol industry concern identified from the documents related to mandated labelling of alcohol products including health warnings. An ‘Advertising Warning Legislation’ information sheet developed by the BI asks readers to “consider the facts”. The BI asserts:</p> <p>“There is no empirical evidence that warnings would have any effect on the drinking patterns of Americans of any age, especially among alcohol abusers. Worse, these types of warnings could undermine the credibility of other government campaigns to provide information about serious risks which are not commonly known.”</p> <p>PM’s argument on mandated health warnings is:</p> <p>“Could you detail your opposition to legislation which would mandate health warnings on alcohol advertising? Numerous studies demonstrated that these warning messages do not reduce alcohol abuse among any segment of the population. These proposals divert attention and resources from other effective programs that we support to combat abuse. Advertising does not cause alcohol abuse, and there is no evidence to support that link”</p> <p>In response to concerns about under-age consumption, the 2000 CEO Issues Book emphasised that MBC advertise and market their products to appeal only to adults of legal drinking age. They also maintained that advertising products to underage people has no effect:</p> <p>“Doesn’t Miller’s advertising appeal to underage people? While we understand your scepticism, sound research shows that advertising has a negligible effect on youth consumption; on its own, advertising doesn’t make young people drink”</p>
Casswell and Thamarangsi, 2009 [338]	<p><u>Geography</u> Transnational</p> <p><u>What policy is the AI attempting to influence</u> General marketing</p> <p><u>Tactics used</u> Alcohol policy has been safeguarded from the effect of trade agreements in other situations. France’s alcohol policy law, Loi Evin, which restricts alcohol advertising, was challenged by the European Commission and the UK. However, the European Court decided that the law was justified on the grounds that it protected health and was an effective strategy. Similarly, after a challenge to Sweden’s regulations on alcohol advertising, Sweden was able to retain most of its restrictions by rewriting the legislation to state</p>

	<p>clearly that the policy was necessary to achieve public health goals.</p> <p>Alcohol producers are well organised and effective lobbyists for industry-friendly policies both internationally and nationally. Representatives of the global alcohol industry, especially the distilled spirits sector, were strong supporters of trade treaties that expanded their access to rapidly emerging markets. The World Spirits Alliance lobbied for the General Agreement on Trade in Services (GATS), seeking liberalisation or elimination of barriers to tariffs and non-tariffs, including all restrictions on distribution and advertising.</p> <p>A major focus of industry lobbying is to campaign against effective strategies and for ineffective strategies— examples in which this lobbying has been successful are documented. For example, in Brazil, at a time when the government was reviewing the law on advertisement of alcohol products, the largest brewer (AmBev) initiated a publicity campaign against driving while under the influence of alcohol, a partnership with taxi drivers, and an educational programme against drinking by minors—none of which has evidence for effectiveness.</p> <p>ICAP was established in 1995, and has promoted industry interests in a relative absence of international public health activity. ICAP's activities are similar to those of organisations representing other globalised industries—including participation in scientific and policy agendas; and support for research, publications, and conferences. A major ICAP focus is on the development of working partnerships with alcohol research and public health. ICAP's position is that the industry has a part to play in developing alcohol policies in emerging markets. In 2006 and 2007, three regional meetings promoting voluntary codes in advertising were held in key emerging alcohol markets—Asia Pacific (China, Vietnam, Laos, India, and Thailand), Africa, and Latin America. Promotion of voluntary codes and strong arguments against regulation of marketing has been a major focus for ICAP and for the industry in general. A clear distinction can be made between the policies promoted in ICAP publications and those that are assessed as effective in non-industry funded reviews.</p> <p><u>Arguments used</u></p>
Fogarty and Chapman, 2012 [504]	<p><u>Geography</u> Australia</p> <p><u>What policy is the AI attempting to influence</u> General marketing</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u> Advertising restrictions: unnecessary for a responsible industry</p> <p>In this news frame, advertising restrictions were positioned as unwarranted by a responsible drinks industry that was said to be already actively managing alcohol risk. Such framing emphasised existing guidelines as more than adequate, raised examples of the industry reacting swiftly to complaints and policing its own promotional material, denied that the industry caused harm directly or targeted children and stressed their importance to community as funders of events. This angle sought to re-frame the public health position on advertising restrictions as unnecessary punishment of moderate drinkers for the behaviour of a few people and cheap political point-scoring at the industry's expense.</p> <p>Advertising restrictions as an attack on legitimate commercial activity</p> <p>This frame suggested that introducing greater regulation of alcohol</p>

	<p>advertising would be an attack on the advertising industry. Negative consequences such as job losses, erosion of commercial freedom, the stifling of creativity and negative impact on the economy were highlighted. Such framing included calls to lobby the government directly to oppose the policy. No mention was made of alcohol-associated harms and supporters of restrictions were derided as seeking a “quick fix”.</p> <p>Restrictions as ineffective and ‘nannyist’</p> <p>Here, advertising restrictions were deemed ill-conceived and ineffective. This was often taken to be self-evident, with no argument advanced. Where explanation was offered, the policy was dismissed as poorly-targeted and statements asserted that alcohol advertising does not affect consumption and that consumption was more proximally influenced by other factors, like price. Such framing predicted that that the policy would be automatically rejected by the public as an example of the “nanny state” needlessly interfering with people’s choices. In keeping with this assertion, members of the public often stated that the government was too bound by vested interests or political donations to even consider it, regardless of whether they personally supported or opposed the policy.</p>
Giesbrecht, 2000 [508]	<p><u>Geography</u> North America</p> <p><u>What policy is the AI attempting to influence</u> 1) Canada: 1995 warning label proposal. 2) USA: Sensible Advertising and Family Education (SAFE) Act, a US bill requiring health warnings in alcohol ads (early 1990s)</p> <p><u>Tactics used</u> 1 When broadcast and alcohol industry groups realized the imminence of a vote, they sought a compromise by offering to run a public awareness campaign.</p> <p><u>Arguments used</u> 2 The alcohol industry argued that research conducted elsewhere did not demonstrate effectiveness in reducing problems and that other methods were more appropriate. Producers also complained about the high cost of changing labels.</p>
Hope, 2006 [506]	<p><u>Geography</u> Ireland</p> <p><u>What policy is the AI attempting to influence</u> Alcohol advertising regulations (early 2000s)</p> <p><u>Tactics used</u> The drinks industry rejected some of the most effective policy measures, while calling for more education. The Drinks Industry Group of Ireland submitted a minority report that clearly illustrated their opposition to effective alcohol policy measures. In essence they</p> <ul style="list-style-type: none"> • Questioned the scientific evidence • Opposed reducing overall consumption • Opposed increasing alcohol taxes • Opposed lowering the BAC level • Favoured more educational programmes <p>One hour after the Ministerial launch in Government buildings, the Drinks Industry Group of Ireland (DIGI) had their own “Press Launch” ... The DIGI press release went on to say ...</p> <p>The alcohol industry continued to lobby against the public health approach and in particular ... the proposed legislation on marketing restrictions to protect children, both measures that would impact on industry profits.</p>

	<p>An insight into the drinks industry approach can be seen in a letter sent from the Managing Director of Diageo Ireland to the Minister for Health and Children and copied to the Taoiseach (Prime Minister) and Tanaiste (Deputy Prime Minister). While the letter was ostensibly to complain regarding comments made by the Minister for health and Children about Diageo's sports sponsorship, the letter also stated that: "Diageo has welcomed the recent alcohol harm reduction strategy published by the British Prime Minister's Office. It seeks a partnership across government ... We believe such an approach should be considered in Ireland as opposed to what we perceive as the one-dimensional approach currently being pursued."</p> <p>Non-compliance with the voluntary industry codes had already been raised by some industry members. A complaint with two TV alcohol advertisements that they claimed contravened both the industry code and the TV code, as outlined in a letter to the Minister for Health and Children, met with no satisfaction over a two-year period. The wider Drinks Industry Group of Ireland acknowledged to the Department of Health and Children that there was justifiable concern at the 'slippage' which had occurred in relation to the implementation of the advertising code and suggested that the new Advertising code (ASAI) was a solid base to move forward. However, the 'new' code retained the clause, "advertisements should not be directed at minors or in any way encourage them to start drinking", which is extremely difficult to prove thus making it inoperable.</p> <p>The drinks industry and advertising industries met the Minister within weeks to explain their efforts to improve self-regulation. In May 2003, the Taoiseach speaking at the European Brewery Convention in Dublin, outlined the proposed alcohol marketing legislation to protect young people. It included restricting alcohol advertising on public transport, in youth centres and at sporting events where young people are participants. He also indicated the legislation would restrict alcohol advertising both on TV with a watershed of 22.00 hours and in cinemas and that all promotional material would carry a health warning about the risks associated with alcohol....The Minister for Health and Children was critical of the sponsorship by Diageo of the Guinness All Ireland Hurling Championship, a popular national game, as sending out the wrong message to a society attempting to curb alcohol abuse and suggested that the GAA should show leadership by looking elsewhere for sponsors. The Managing Director of Diageo in a letter to the Minister for Health and Children complained about his comments on the GAA Diageo sponsorship and said "I am both surprised and dismayed that the Guinness sponsorship of the All Ireland Hurling championships has been singled out by you once again as an example of 'undesirable' sponsorship of sports". He rejecting the criticism, saying it was 'totally unfair' and damaging to their business reputation and copied the letter to the Prime Minister and the Deputy Prime Minister.</p> <p>During the three-year period (2003 to 2005) a wide range of alcohol industry and media businesses lobbied for self-regulation and extensive discussions took place between the industry and the Department of Health and Children. Meanwhile, in the public arena, there was much talk of the promised legislation but no sign of the legislation. The second STFA Report was published in September 2004 and called for the immediate enactment of the proposed legislation restricting alcohol marketing to protect children..... In December 2004, a new Voluntary Code on alcohol advertising was announced by the industry with the apparent approval of the Department of Health and Children</p> <p><u>Arguments used</u></p> <p>One hour after the Ministerial launch in Government buildings, the Drinks Industry Group of Ireland (DIGI) had their own "Press Launch" ... The DIGI</p>
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	<p>press release went on to say ...Regarding the STFA recommendation on alcohol advertising, which called for enactment without delay of the alcohol marketing legislation to protect children, the DIGI stated that “advertising has little effect on overall alcohol consumption but rather is focused on promoting the industry’s brands amongst existing consumers”</p> <p>An insight into the drinks industry approach can be seen in a letter sent from the Managing Director of Diageo Ireland to the Minister for Health and Children and copied to the Taoiseach (Prime Minister) and Tanaiste (Deputy Prime Minister). While the letter was ostensibly to complain regarding comments made by the Minister for health and Children about Diageo’s sports sponsorship, the letter also stated that: “Diageo has welcomed the recent alcohol harm reduction strategy published by the British Prime Minister’s Office. It seeks a partnership across government ... We believe such an approach should be considered in Ireland as opposed to what we perceive as the one-dimensional approach currently being pursued.”</p> <p>Non-compliance with the voluntary industry codes had already been raised by some industry members. A complaint with two TV alcohol advertisements that they claimed contravened both the industry code and the TV code, as outlined in a letter to the Minister for Health and Children, met with no satisfaction over a two-year period. The wider Drinks Industry Group of Ireland acknowledged to the Department of Health and Children that there was justifiable concern at the ‘slippage’ which had occurred in relation to the implementation of the advertising code and suggested that the new Advertising code (ASAI) was a solid base to move forward. However, the ‘new’ code retained the clause, “advertisements should not be directed at minors or in any way encourage them to start drinking”, which is extremely difficult to prove thus making it inoperable.</p>
House of Commons: Health Committee: Alcohol, 2010 [57]	<p><u>Geography</u> UK</p> <p><u>What policy is the AI attempting to influence</u> General marketing</p> <p><u>Tactics used</u> Q308 - Are you saying that Tesco now puts health awareness information in their alcohol aisle? Mr Beadles: Can I step in and say that the Wine and Spirit Trade Association working with the DrinkAware Trust, which is the industry-funded charity, developed point of sale materials which reflected the Chief Medical Officer’s health advice and also gave sensible drinking tips for the industry. They were produced towards September and have rolled out in a number of stores. They are not in every store yet, there is no doubt about that, but there are a number of store groups that have developed them. It is an ongoing process and we will be building it.</p> <p>Q314: Do you think it is all right to promote alcohol, and I am not saying that Tesco does this but a major supermarket did, at the end of a children’s clothes aisle Mr Beadles: I do not believe that it is appropriate to sell alcohol and to market it there. In fact, the industry codes on the subject say that alcohol should not be promoted alongside anything that would appeal to children. There will always be instances where store managers get it wrong, and we have dealt with a number of those over the past six months where consumers have complained to us that they think a product has been inappropriately placed, and in all instances we have stepped in and the retailer has removed and changed the product location.</p> <p>Q388 : The other Jeremy, in relation to the Sheffield report. Mr Beadles: We take the same view, and we think there are other economic</p>

	<p>studies by CeBR and Oxford Economics that I think should be taken into account by this committee. We certainly take the view that the people who misuse alcohol are the least responsive to price changes. We do not argue at all that there is a relationship between price and consumption, but we do think that there is a lot of evidence to suggest that there is not a direct link between price and alcohol misuse.</p> <p>Q814: I imagine you are using these new media more and more. Is that growing? Mr Fennell: Yes.</p> <p>Q815: That is going to be the case in the future? Mr Fennell: Commensurate with how consumers are changing their behaviour. Mr Oak: With regard to new media, in terms of advertising and advertising on sites, specifically we only advertise and the rules are that we can only advertise on sites where 75% of the audience is over 18. That is independently verified. For the sites that we have advertised Lambrini on, a minimum of 88% of the consumers are over 18.</p> <p>Q816: That means 25% are under. Mr Oak: I accept that point.</p> <p>Q817: There is always going to be an overlap, is there not? Mr Oak: Yes. Mr Fennell: That is why we need multiple safeguards. Ms Carter: Today we have touched on the challenge that all age related categories have and I do not think this is just the UK. The internet is global. Potentially, somebody could be sat in a living room in America and set up a website in the space of five minutes. That is why we created our own digital code two years ago in the absence of anything else. There has been some good work going forward since then but we would certainly welcome any more help in that area.</p> <p>Q818: Mr Fennell, in what way does the Diageo code which I have not seen but which has been spoken of considerably this morning differ at all from the ICAP codes on advertising for alcohol? Mr Fennell: It is consistent. The code in the exact form of words is a consistent code for Diageo around the world. The first provision in our code is to make sure that we comply with local regulation. The form of words and the meaning you can draw from them is consistent on every item</p> <p>WRITTEN EVIDENCE Drinkaware Trust The Drinkaware Trust (Drinkaware) is an independent charity established in January 2007 as a UK wide, public-facing body with the objective of positively changing public behaviour and the national drinking culture to help reduce alcohol misuse and minimise alcohol-related harm, funded by voluntary donations from across the alcohol industry.</p> <p>There is continued debate about the most effective methods of reducing excessive alcohol consumption. Legislation, regulation, self-regulation and enforcement all have an important part to play. However, education should always have a central role.</p> <p>National Association of Cider Makers It is misplaced to focus on the availability and affordability (price and promotion) of alcohol as the sole and root cause of misuse. The real drivers behind harmful drinking, binge drinking behavior and under 18's alcohol misuse tend to get overlooked as a consequence. This means adopting or</p>
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	<p>calling for a combination of long-term measures such as improving education, awareness campaigns, etc</p> <p>NACM firmly believes that any policy considerations, by the Government, to address the specific misuse of alcohol by problem drinkers, should be:</p> <ol style="list-style-type: none"> 1. Based on robust evidence (ensuring that studies are peer reviewed) that is relevant to equivalent environments, as opposed to deploying convenient data to fit an argument. <p>A key point that comes across in the School of Health and Related Research at Sheffield University (SchHARR) Study on “Price, Promotion and Harm” is that very little research has been conducted in the UK that throws light on individual behaviour with regard promotional activity of alcoholic drinks and harms. A significant amount of the material SchHARR draws on derives from the USA. A basic sociological critique of the SchHARR report would immediately pick up on the “situational relevance” of those studies to the UK.</p> <p>The Sheffield University review failed to provide compelling evidence that would warrant the Government to introduce controls on promotions and advertising. The review cited publications and references making causal links but some of these documents have not been peer reviewed. NACM reiterates its position that evidence should be robust.</p> <p>Diageo Diageo has proposed to Government the creation of three important new initiatives:</p> <ul style="list-style-type: none"> — a new mandatory code on retail promotions, within a framework of co-regulation, under the auspices of The Portman Group; — a co-regulatory approach on mandatory labelling of alcohol, also under the auspices of The Portman Group; and — an industry-wide significant new social marketing partnership, aiming towards changes in attitudes and behaviour among certain target groups in the UK. <p>Scotch Whisky Association and the Gin & Vodka Association We believe in a targeted approach aimed at “at risk” populations. We consider that working in partnership with all stakeholders is fundamental to tackling the issue and that education coupled with robust enforcement and responsible marketing and promotion are key elements to creating and underpinning a culture of responsible drinking.</p> <p>Education in its widest sense is fundamental to a better appreciation of the risks associated with the misuse of alcohol. It can be used to target a range of problem drinkers: Alcohol education should be introduced in schools at an early and formative age and be a compulsory part of the curriculum and we welcome the DCSF’s recent commitment to introduce this measure. Children should be given sufficient information about alcohol to be able to discuss with their parents issues around alcohol consumption (much as children have done in relation to smoking or recycling). As well as running individual social responsibility programmes and supporting the Drinkaware Trust, an independent charity set up to help consumers make informed decisions about alcohol, the alcohol industry has responded to the Government’s call to use marketing expertise to develop a campaign to tackle alcohol-misuse—particularly among young people age 18–24. Alcohol education should be reinforced in adult life through effective Government multi-media campaigns, supported by the industry and other stakeholders. Better communication of responsible drinking messages to the adult drinking population through measures, such as on-label messaging and advertising can also contribute in this area.</p>
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	<p>Portman Group</p> <p>We consider, however, that better education, providing early advice and support to problem drinkers... The industry has an obligation to market its products responsibly so as not to encourage their misuse. It has a further obligation to use its reasonable endeavours to educate consumers and proactively encourage responsible drinking.</p> <p>We are committed to regularly reviewing our Code rules through public consultation involving key stakeholders to ensure that the Code evolves and that it is indeed offering a proper balance between protecting the public from irresponsible drinks producer marketing while at the same time allowing companies reasonable commercial marketing freedoms.</p> <p>Educational Initiatives: The Portman Group and its member companies have pioneered a number of inspiring alcohol responsibility initiatives which include: Drinkaware website, labelling, Drinkaware Trust</p> <p>Education and campaigning can successfully challenge potentially harmful perceptions surrounding drinking. This is why social marketing is of fundamental importance and explains why the Portman Group is such an ardent supporter of the Drinkaware Trust</p> <p>Scottish and Newcastle</p> <p>We strongly believe that industry can be a valuable partner in tackling alcohol misuse, by marketing its products responsibly, providing consumers with information—demonstrated by our full compliance with the voluntary label—and delivering education and responsible drinking programmes.</p> <p>S&N UK believes that industry self-regulation can effectively ensure alcoholic drinks are advertised and promoted responsibly. We are a founding member of the Portman Group, a self-regulatory organisation that encourages and challenges the industry to promote its products responsibly. The recent KMPG report commissioned by the Department of Health recognised the Portman Group had delivered considerable improvement in alcohol marketing. The Portman Group's Marketing Code of Practice was introduced in 1996 and is the basis of S&N UK's Responsible Marketing Policy. It provides guidance to everyone involved in marketing and selling our products to ensure our commercial communications do not contribute to excessive consumption or abuse. We always ensure that our policy goes beyond the requirements of industry voluntary codes.</p> <p>S&N UK welcomes more investment in education and information on sensible drinking. We believe the industry has a vital role to play in providing consumers with relevant information about their products. Originally created by the Portman Group, the Drinkaware Trust is an educational charity that aims to positively change the UK drinking culture. It is a unique partnership between industry and the voluntary and public health sectors. The Trust receives its funding from voluntary donations by the drinks industry.</p> <p>Wine and Spirits Trade Association</p> <p>Studies have shown the importance of education from a young age and from a variety of sources. Positive messages must not only come from teachers and public health campaigns but from friends and family. Family attitudes have also been shown to be important in prevalence of drinking.</p> <p>Increasing consumers' knowledge and appreciation of alcoholic products, through tastings and education courses also plays an important role in ensuring people drinks for the right reasons and do so in a healthy way.</p>
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	<p>Wines and spirits can be a fascinating area of interest and teaching consumers to appreciate this is a more effective way of encouraging mature attitudes to alcohol than by demonising it through measures such as separate checkouts and tobacco style health warnings.</p> <p>Providing information to the consumer is a key part of changing culture and to this end, the drinks industry fund the Drinkaware Trust</p> <p>SABMiller SABMiller is proactive in providing consumers with accurate and balanced information about alcohol through our innovative website, www.TalkingAlcohol.com. This award-winning website, the first of its kind from a major alcohol producer, describes in detail the health and social considerations of drinking alcohol such cancer, liver disease, and stroke among others are all discussed in a factual, balanced manner.... Elsewhere, industry has worked to provide relevant and factual information to consumers in accessible means such as through initiatives undertaken by the Drinkaware Trust of which SABMiller was the first corporate member.</p> <p>SABMiller recently commissioned Centre for Economics and Business Research (CEBR) to evaluate the SchARR review of alcohol pricing and promotion effects on consumption and harm. The CEBR research found that... minimum pricing is an incredibly blunt instrument which imposes significant costs across large sections of society, whilst having very limited benefits in terms of curbing the excesses of the minority.</p> <p><u>Arguments used</u> Q314: Do you think it is all right to promote alcohol, and I am not saying that Tesco does this but a major supermarket did, at the end of a children's clothes aisle Mr Beadles: I do not believe that it is appropriate to sell alcohol and to market it there. In fact, the industry codes on the subject say that alcohol should not be promoted alongside anything that would appeal to children. There will always be instances where store managers get it wrong, and we have dealt with a number of those over the past six months where consumers have complained to us that they think a product has been inappropriately placed, and in all instances we have stepped in and the retailer has removed and changed the product location.</p> <p>Q385 : Minimum pricing. This is for Everyone who wants to come in on this. The Sheffield report on minimum pricing, especially in relation to elasticity of demand for alcohol, Jeremy Blood: do you accept the findings of the Sheffield report? Would you be in favour of minimum pricing? Mr Blood: We are not in favour of minimum pricing. I have read the Sheffield report. It draws conclusions about affordability and price. We accept some of the conclusions. Other independent economic advice draws slightly different conclusions from it. As with all research, there is a range of conclusions that can be drawn from what is a complex set of data. Why do we, in principle, not support minimum pricing? We believe that where misuse is happening and where people are drinking more than is good for them or using alcohol in the wrong way, those are the people that will not change their behaviour if you apply minimum pricing, they will carry on misusing, and you will not address the proper concerns that society has got about the misuse of alcohol through that blanket approach</p> <p>Q388 : The other Jeremy, in relation to the Sheffield report. Mr Beadles: We take the same view, and we think there are other economic studies by CeBR and Oxford Economics that I think should be taken into account by this committee. We certainly take the view that the people who misuse alcohol are the least responsive to price changes. We do not argue</p>
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	<p>at all that there is a relationship between price and consumption, but we do think that there is a lot of evidence to suggest that there is not a direct link between price and alcohol misuse.</p> <p>Q418: Mr Beadles can start with this but it is really for everyone. For quite a long time now since there has been concern about excessive alcohol consumption, the trade has been interested in voluntary arrangements and voluntary agreements, saying that they want to do something about it. You will all be familiar with the recent KPMG evaluation of voluntary agreements, and they showed extensive breaches of the voluntary code. Why do you think these voluntary approaches fail?</p> <p>Mr Beadles: I do not think they fail, firstly. I think KPMG actually showed a lot of very good practice. I think the issue with a totally voluntary approach is that it only applies to the people who are in and sign up to it. When we looked at the businesses from an off-trade perspective, which, therefore, would fall within our membership and the producer side and their compliance, their compliance level was very high, but when you are trying to take that voluntary approach down to small independent businesses and people who are genuinely not interested in this stuff, then it is very tricky. I think a voluntary approach has an advantage. It tends to be faster and it gets to the core of big business quicker, but it is not going to ever get overall coverage. Having said that, there is lots of legislation that is not complied with by lots of business as well. So I think voluntary approaches have a hugely important role to play, but you have always got to recognise that there will be some people who sit outside them.</p> <p>Q559Dr Taylor: As the Portman Group is funded by the drinks industry I admit a conflict of interest in that I have a very small number of Diageo shares. I shall not enlarge on that.Mr Lewis, you are quite an experienced witness; you have appeared before us in other inquiries in the not too distant past. You mentioned the effectiveness of the Drinkaware Trust which is to promote sensible drinking. Could it be that the Portman Group is looking to reduce your funding because you are being effective in promoting sensible drinking which is what we want but not what the drinks industry wants?</p> <p>Mr Lewis: The Portman Group has been the most stalwart group in funding the trust.</p> <p>Q560 Dr Taylor: So far?</p> <p>Mr Lewis: Yes.</p> <p>Q561 Dr Taylor: But you are so good that they will remove it?</p> <p>Mr Lewis: The Portman Trust has made no suggestion that it will reduce its commitment. We always hope that it may increase it. An important point to dwell upon for a moment is that the trust is an independent organisation with a very specific remit which is to provide information and education. It is evidence-based so that the consumers of alcohol and other interested parties can make informed judgments about how they use it. The question sometimes raised is whether that is possible when the funding comes from the alcohol industry and we have on our board people who are employed by it, but the trust does defend its independence with great rigour. We view the presence of people on its board from the alcohol industry as helpful because it brings a considerable amount of expertise, but they are in a minority. When they are on the board they are there to represent the interests of the trust, not their parent organisations.</p> <p>Q569:Mr Poley, in the past I have had numerous discussions with representatives of the Portman Group. They argue that the drinks industry engage in advertising in order to encourage the consumption of one brand rather than another but then they deny that it encourages an increase in</p>
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	<p>alcohol consumption overall. I just think it is very unlikely that that is true, but what do you think of it in the context of what we have just been talking about?</p> <p>Mr Poley: ... To turn to the question of the advertising effect, there is a wealth of evidence to demonstrate that the predominant effect of advertising is to cause brand switching. Even the report from the University of Sheffield commissioned by the Department of Health last year found that the evidence for the effect of alcohol advertising upon consumption was relatively weak. At best it will have a slight effect.</p> <p>Q576: What is the attitude of the witnesses to health warnings on alcohol products?</p> <p>Mr Poley: All of our member companies are committed to putting certain information on their drinks packaging; that is to say, they have information that they put on voluntarily about the number of alcohol units they contain. They also put on the Drinkaware Trust website address and they will also have a responsible drinking message such as "Please drink responsibly". I do not believe it is necessarily appropriate to have a health warning on a drink of alcohol. Alcohol is not like cigarettes; it is capable of being misused but when drunk in moderation it is perfectly compatible with a healthy lifestyle. For certain groups when drunk in moderation it has health advantages. To put on a soundbyte in the form of a health warning label seems to me to be an unbalanced way to convey the complex information about the health effects of drinking</p> <p>Q780: I have a question to all of you. You will be aware that the Royal College of Physicians estimate that the number of deaths caused by alcohol misuse in the UK is about 40,000 a year and with the social cost put at billions of pounds. Last week the British Medical Association called for a complete ban on alcohol advertising and the introduction of minimum unit pricing. Do you think the time has come to restrict the availability, price and promotion of alcohol?</p> <p>Ms Carter: One of the first things we would like to pick up on, particularly with regard to an advertising ban, one of our overriding thoughts would be that an alcohol advertising ban would not actually stop people going out to pubs on a Saturday night, having alcohol with their barbeques or dinner parties. So I think one has to look at the wider marketing mix of alcohol. Additionally there are other alcohol categories that are not big alcohol advertising spenders but actually see strong growth. The wine industry would be an industry in which we have seen some phenomenal growth in the last 15 years but in relative terms has actually been a small alcohol advertising spender. So you have seen that there are lots of different dynamics in the marketing mix that could affect that. So we would say that you would have to look at all the elements together and an advertising ban would not really help. We would also be worried about the potential unintended consequences of that and might it push some producers to shift some of that money in their competition to gain volume share into more price activity, not necessarily in terms of depth of deal but maybe frequency of it.</p> <p>Mr Oak: Adding to what Deborah has said, ultimately the advertising industry is heavily regulated already. Price and advertising are just but two elements within that and if you ban advertising you then have to look at all the other elements like PR, sponsorship, etcetera and there is no guarantee and no evidence to state that if you ban advertising you will prevent misuse, which is ultimately what we are all here talking about today. I think in terms of minimum pricing, yet again it has been clearly documented that pricing can help reduce per capita consumption—I think that came out in the Sheffield Report, but it did not say that it could help reduce misuse. One of the concerns I particularly have with regard to Lambrini is that Lambrini is consumed by everyday women, hardworking women and a lot of those</p>
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	<p>women are on a low budget—62% of them earn £17,000 a year and I would have the concern that minimum pricing could make alcohol become quite an elitist product, and that is not the case and should not be the case for people drinking it responsibly.</p> <p>Q782: You have all said that banning advertising would not have the effect in terms of binge drinkers but what effect would it have on sales? What lessons can be learned from the restrictions of alcohol advertising in countries like France with their Loi Evin? Presumably you have looked at that?</p> <p>Mr Fennell: Yes, we have and we should learn from our experience from all around the world. The evidence suggests that advertising does not have an effect on total consumption whether it is present or not. The trends when legislation has changed have broadly stayed the same. Indeed, the total alcohol market in this country has been flat or declining for years. Our job and the role of our advertising place is to take business off each other. It is a zero sum game. All of our advertising should promote, as Simon said, responsible consumption and it is intended to win market share. As a result Smirnoff only constitutes 3% of the market here in the UK so we see a considerable growth for our brands without any growth in the market.</p> <p>Q795 :A quick point on the Lambrini. If you walk round almost any town it seems to be quite a favourite of underage teenage girls, so would not minimum pricing help reduce that market? You probably do not make an assessment of what teenagers drink because they are not supposed to be drinking.</p> <p>Mr Oak: We do not support or promote drinking to underage girls. For many of those people that you described that may be drinking alcohol very often that alcohol has been purchased by someone else. I do not believe in that sense that you are talking to the consumer or the purchaser of the alcohol, so price has a different bearing in that instance</p> <p>Q805: Let us focus on the misusers, which is absolutely right. We have to focus on the misusers. In your submission you have listed who they are. How do we focus on them? How do we get at them? How do we control them?</p> <p>Mr Fennell: That is a great question.</p> <p>Q806: Yes. Have you an answer?</p> <p>Mr Fennell: ... I also think we should enforce rigorously the high level of regulation that we already have in the UK..... We should enforce that more firmly. I wish we could ensure that we give the police the powers to sort out social disorder when it happens immediately and quickly and deal with it. It is a combination of enforcing the regulations that we have, education and ensuring that our code, to which we subscribe, is rigorously employed internally and has the right backstop of independent measures associated with it.</p> <p>Q814: I imagine you are using these new media more and more. Is that growing?</p> <p>Mr Fennell: Yes.</p> <p>Q815: That is going to be the case in the future?</p> <p>Mr Fennell: Commensurate with how consumers are changing their behaviour.</p> <p>Mr Oak: With regard to new media, in terms of advertising and advertising on sites, specifically we only advertise and the rules are that we can only advertise on sites where 75% of the audience is over 18. That is independently verified. For the sites that we have advertised Lambrini on, a minimum of 88% of the consumers are over 18.</p>
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	<p>Q816: That means 25% are under. Mr Oak: I accept that point.</p> <p>Q817: There is always going to be an overlap, is there not? Mr Oak: Yes. Mr Fennell: That is why we need multiple safeguards.</p> <p>WRITTEN EVIDENCE</p> <p>Diageo: The first Online Reputation report was written on 16 November 2007...of over 500 Facebook sites that mention the word Smirnoff, only 36 have more than 100 members. The total reach of these 36 sites is c. 15k people (and Facebook has over 3 million users in GB).</p> <p>In producing the report, Splendid has looked at each Facebook site with references to Smirnoff and the extent to which the material contained therein would have breached Diageo's Marketing Code. However, unlike Diageo generated online content which is subject to the Diageo Marketing Code and approval process, dealing with problematic user generated content on third party Internet sites is, by the very nature of the internet, almost impossible given the ease with which such content can be spread and replicated on different sites and forums and the resource that would be required to try and continuously monitor and police content.</p> <p>However, one action that we believe has helped in this area is the creation of our own official Smirnoff Facebook page. This currently numbers over 61,000 members and we are able to monitor and remove content from this page that would breach the Diageo Marketing Code. A further development, which we believe should also assist in reducing, at least on Facebook, the amount of inappropriate content, is that Facebook has recently asked Diageo for the URL details of all official Smirnoff Facebook pages so that all other pages can be closed down by them. We would encourage site operators to adopt similar strategies. Our primary means of enhancing the online reputation of our brands, is to actively create positive consumer experiences that will result in positive posts. The kinds of action that we have undertaken in this area are encouraging consumers to attend Smirnoff events around the country, at which responsible consumption messages play a key part, and then subsequently post their comments, pictures and videos online on our official Facebook page, and hosting briefings for bloggers and providing them with exclusive information that they may choose to post in their blogs.</p> <p>Portman Group the Committee seems to be under the impression that there is a "regulatory gap" in respect of on-line marketing and sponsorship... I recognise that the regulatory system is complex but the fact is that all drinks producers' marketing activity is subject to the same strict standards of regulation; there are no "gaps".</p> <p>For historical reasons, three regulators are involved: Ofcom, the Advertising Standards Authority (ASA) and the Portman Group. The different regulatory systems, however, while they operate independently of one another, adopt similar standards and complement one another to ensure strict supervision of all drinks producer marketing activity... the Portman Group seeks to regulate any marketing which is not otherwise regulated by Ofcom/ASA</p> <p>Constellation Europe (wine) Constellation believes that the majority of the public in England, who consume wine, do so on a responsible and enjoyable basis.</p>
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	<p>Wine suppliers like Constellation consider that they can play a market based role in encouraging a more responsible approach to alcohol consumption among the public, where this is desired.</p> <p>Such a strategy entails investing in the category through brand building and consumer education in order to encourage consumers to trade up to better wines and with it drive a better drinking experience.</p> <p>This move to adopt a different drinking behaviour would also have a positive impact on consumption and misuse. Similar strategies have been successful in the United States.</p> <p>Constellation does not support moves to further ban advertising and promotion of wine, rather to use marketing strategies to promote a more responsible approach to alcohol consumption.</p> <p>Drinkaware Trust The Drinkaware Trust (Drinkaware) is an independent charity established in January 2007 as a UK wide, public-facing body with the objective of positively changing public behaviour and the national drinking culture to help reduce alcohol misuse and minimise alcohol-related harm, funded by voluntary donations from across the alcohol industry.</p> <p>There is continued debate about the most effective methods of reducing excessive alcohol consumption. Legislation, regulation, self-regulation and enforcement all have an important part to play. However, education should always have a central role. At the root of the alcohol misuse problem in the UK is behaviour ingrained in our culture for thousands of years. The public cannot be expected to accept attempts to change these deep-rooted social habits without clear information about the extent of the problem, and how it applies to them.</p> <p>Molson Coors It is our view that our marketing and advertising practices, whilst constantly under review, demonstrate our determination to behave in a responsible manner.</p> <p>We do not know definitively whether the introduction of minimum pricing in the United Kingdom is the right way to go. As Committee Chairman, you will be well aware of the very diverse views on this subject. Price is, in our opinion, certainly not a sole or decisive factor in addressing alcohol abuse . Certainly there are no single measures that, by themselves, will solve the problem.</p> <p>... while we generally do not support Government price controls, we believe that social reference pricing may be helpful in the exceptional case of extremely low prices in the UK. To this end, I have made a number of public comments suggesting that a more detailed examination of the issue of minimum pricing would be desirable and that we would wish to take an active part in such consideration.</p> <p>Molson Coors is a family brewer, I am a family man, behaving properly is an integral part of our collective and my personal commitment to operating to the highest standards. My Company and I are proud of our product and will champion it wherever we can. Part of that championing is to make sure that we actively seek new ways of ensuring that our product is always consumed responsibly. I am very pleased to be able to take this opportunity, on behalf of my Company, to offer every assistance to your Committee in its work.</p>
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	<p>National Association of Cider Makers</p> <p>A review of published reports in the public domain produced by the UK Government and other bodies, quite clearly demonstrates that no one alcoholic drink is responsible for alcohol misuse—misuse is caused by certain drinkers who clearly misuse alcohol and by some under 18s who are clearly breaking the law. This therefore is not a problem about problem drinks but about problem drinkers.</p> <p>It is misplaced to focus on the availability and affordability (price and promotion) of alcohol as the sole and root cause of misuse. The real drivers behind harmful drinking, binge drinking behavior and under 18's alcohol misuse tend to get overlooked as a consequence. This means adopting or calling for a combination of long-term measures such as improving education, awareness campaigns, etc and short-term measures which can also be effective such as enforcing the legislation that already exists.</p> <p>NACM acknowledges that Government has committed resources to initiatives in this area as indeed has industry. NACM is a supporter of the Drinkaware Trust and of "Project 10" a £100 million (over five years) industry education initiative.</p> <p>It is important to bear in mind that the distinction must be made and maintained to ensure that whatever means are introduced they are targeted at preventing harmful drinking without punishing the majority of people who drink responsibly. The industry is concerned that the introduction of measures that have a broader impact and go beyond targeting problem drinkers will bring with it unintended consequences.</p> <p>To this end industry has a legitimate role to play in working with Government in reaching solutions.</p> <p>NACM firmly believes that any policy considerations, by the Government, to address the specific misuse of alcohol by problem drinkers, should be:</p> <ol style="list-style-type: none"> 1. Based on robust evidence (ensuring that studies are peer reviewed) that is relevant to equivalent environments, as opposed to deploying convenient data to fit an argument. 2. Given that the majority of the public drink sensibly and that alcohol is misused by a minority of drinkers, general population measures such as increasing taxes or other means of raising prices (curbing promotions, introducing minimum pricing etc.) are not the appropriate means for tackling misuse—it penalises the majority of sensible drinkers without necessarily dealing with alcohol misuse. People's lives are already being negatively impacted by problem drinkers and it seems ironic that this negative impact should be doubly visited upon them by having to endure restrictions, inconvenience, and ultimately higher prices, as set out in the consultation document, to deal with the problem drinkers. 3. Dealt with, in the many instances of misuse, by better/more effective enforcement. No new legislation is required. NACM believes that the Government should focus on maximising the effective use of existing legislation to target problem drinkers and that it should avoid using one-size-fits-all measures that just punish everyone. 4. There is a need to ensure that measures proposed do not in fact work against the Government's overarching objective of reducing alcohol related harm. <p>A key point that comes across in the School of Health and Related Research at Sheffield University (SchHARR) Study on "Price, Promotion and Harm" is that very little research has been conducted in the UK that throws light on individual behaviour with regard promotional activity of alcoholic</p>
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	<p>drinks and harms. A significant amount of the material ScHARR draws on derives from the USA. A basic sociological critique of the ScHARR report would immediately pick up on the “situational relevance” of those studies to the UK.</p> <p>Notwithstanding these short-comings ScHARR has failed to recognise that promotional activity provides a direct and more effective way to introduce consumers to new products and product variants. Restricting promotions will inhibit new product introductions. The average strength of cider in the UK has reduced. There are also plans to introduce into the UK market significantly lower strength cider but before the product is put on sale more widely it is being trialed/promoted in a limited number of retail outlets. However, without the ability to promote such new products, producers will not be able to introduce them to the public at large. Of concern is that inevitably the market will stagnate and will become characterized by lower quality and cheaper products.</p> <p>Advertising is already strictly regulated. NACM does not believe that any further restrictions on advertising will address any particular misuse issues. The consequences of further restrictions will be to shut down a further avenue for bringing to market newer and better quality products.</p> <p>The Sheffield University review failed to provide compelling evidence that would warrant the Government to introduce controls on promotions and advertising. The review cited publications and references making causal links but some of these documents have not been peer reviewed. NACM reiterates its position that evidence should be robust.</p> <p>As mentioned above members of the NACM are introducing the labelling scheme information on bottles and cans. However, this can only be done with planned label changes over a period of time to avoid writing off (and additionally creating its own waste issues) £ms of packaging materials.</p> <p>NACM is aware that the Government is holding legislation in reserve to secure a greater uptake of the labelling scheme information. If this approach were to be actively pursued it would halt, in its tracks, any further voluntary introduction of the key components of the labelling scheme because it would introduce uncertainty as to what would be specifically required to be included on cans and bottles re exact wording, use or non use of the pregnancy logo, dimensions of characters, positioning of statements etc. The industry would not want to write off two sets of packaging. Furthermore legislation would recognise the industry's legitimate request for a period of 12 to 18 months for transition period to permit existing non complying packaging to be sold through.</p> <p>Penalising the industry and the general population is not an appropriate way forward in either seeking to bring about the desired changes in reducing alcohol harm or dealing with alcohol misuse (the problem drinkers).</p> <p>Furthermore before any action is considered with regard to promotions and advertising it is vital that research is undertaken that is situationally relevant to the UK to avoid ill-considered policy proposals: proposals that could undermine efforts to promote a cultural change if new products are not provided a route to market.</p> <p>To restate, there are no problem drinks, only problem drinkers and therefore measures need to be targeted at these misusers. Furthermore NACM believes that the panoply of powers available to the police and local authorities should be used much more effectively both against individuals</p>
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	<p>who misuse alcohol and those who willfully seek to break the law in obtaining alcohol underage, as well as against those retailers who sell alcohol irresponsibly.</p> <p>Diageo</p> <p>As a leading premium drinks producer, we recognise that responsible drinking is important both to our business interests and to society's interests, and that we have a role to play in raising awareness and seeking to influence attitudes and behaviour among consumers of our products.</p> <p>We believe that alcohol policy should be fair, effective, proportionate, consistent and evidence-based, and that it should not have unintended economic or social consequences. We do not believe that effective alcohol policy automatically or necessarily involves new legislation or regulation.</p> <p>Diageo believes that the potential for harm is preventable and that a valuable and sustainable place in society exists for alcohol beverages. Diageo believes that better enforcement of existing laws and regulations and better partnership working can deliver a more responsible drinking culture. This requires the skills, experience and contributions of all stakeholders to be leveraged more effectively. Clarity on their sphere of influence and interaction is key.</p> <p>A wide range of stakeholders have a role to play and include: individual consumers... national government... alcohol producers and retailers Diageo has proposed to Government the creation of three important new initiatives:</p> <ul style="list-style-type: none"> — a new mandatory code on retail promotions, within a framework of co-regulation, under the auspices of The Portman Group; — a co-regulatory approach on mandatory labelling of alcohol, also under the auspices of The Portman Group; and — an industry-wide significant new social marketing partnership, aiming towards changes in attitudes and behaviour among certain target groups in the UK. <p>Responsible drinking is also at the heart of our business interests. Our reputation as a business and the reputation of our brands are damaged when our products are misused. We do not want to be targeted as a cause of anti-social behaviour, of drunkenness or of damage to our consumers' health. We understand that governments, regulators and society will rightly act to curtail alcohol misuse where it occurs, but that inappropriate or ineffective legislative and regulatory actions may cause disproportionate damage to our business interests.</p> <p>The relationship between individuals and alcohol is ultimately a personal one: individuals decide for themselves if, when, where, how much and how often they drink. But a wide range of stakeholders have a role in influencing that individual decision and enabling the consumer to make informed choices. Clarity on their sphere of influence and interaction is key.</p> <p>We have identified three key priorities for responsible drinking within Diageo:</p> <ul style="list-style-type: none"> — set world-class standards for responsible marketing and innovation; — combat alcohol misuse, working with others on initiatives to reduce alcohol-related harm; and — seek to promote a shared understanding of what it means to drink responsibly. This is underpinned by our use of our marketing insight and skills in an attempt to transform consumers' attitudes to alcohol. <p>We hope that the Government will continue to consider co-regulation in</p>
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	<p>delivering a mandatory code as well as respond positively to the other initiatives outlined in this submission, and that other stakeholders will also act, so that we can have a positive, collective effect in raising awareness and shifting attitudes and behaviours on alcohol and reducing alcohol misuse among the specific minority groups most at risk of alcohol-related harm.</p> <p>Scotch Whisky Association and the Gin & Vodka Association The Scotch Whisky Association (SWA) and Gin & Vodka Association (GVA) are committed to working in partnership with Government and other stakeholders to tackle alcohol misuse. It is the minority that misuse alcohol. Adoption of a blanket “one-size” fits all approach does nothing to support the responsible majority—whether consumer or trader.</p> <p>We believe in a targeted approach aimed at “at risk” populations. We consider that working in partnership with all stakeholders is fundamental to tackling the issue and that education coupled with robust enforcement and responsible marketing and promotion are key elements to creating and underpinning a culture of responsible drinking.</p> <p>We recognise and share the desire to tackle alcohol misuse. Indeed, the SWA and the GVA have been active in promoting responsible drinking for some 40 years. The alcohol industry—alongside other stakeholders—clearly has a role to play in encouraging and promoting the responsible consumption of its products to protect the long-term sustainability of the industry.</p> <p>The drinks industry has a long history in promoting responsible drinking... Both Associations and our members are committed to helping foster a step change in cultural attitudes to the consumption of alcohol in the UK, which recognises that responsible, moderate consumption is part of a modern, healthy society and that alcohol misuse is unacceptable.</p> <p>Tackling alcohol misuse and achieving cultural change in attitudes to alcohol requires a long-term commitment, close collaboration and a concerted effort by a wide range of public and private stakeholders. It requires tough enforcement of existing alcohol laws, a sound regulatory framework, as well as an innovative approach to social marketing which reaches the right sections of the population. We welcome the government’s decision to consult on its alcohol strategy and look forward to responding to the forthcoming consultation on the Government’s proposed mandatory code of practice on alcohol promotions.</p> <p>The majority of consumers do drink responsibly. We believe that an approach targeting “at risk” populations and potentially harmful contexts and drinking patterns will be most effective.</p> <p>We embrace a partnership approach with Government and all stakeholders, focusing action on evidence-based measures. Such an approach breaks down barriers between the various stakeholders, fosters co-operation and allows the different stakeholder groups to share their experiences and build on best practice.</p> <p>A fundamental deliverable from producers is responsible marketing and promotion of their brands. Advertising, promotions and sponsorship are a legitimate part of commercial activity in every industry. They play an important part in competition between brands, and are well governed by Codes of Practice/Conduct such as Broadcast Committee of Advertising Practice (BCAP)/Committee of Advertising Practice (CAP) and the Portman Group Code of Practice on the Naming, Packaging and Promotion of</p>
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	<p>Alcohol Drinks. The Code of Practice, which is supported by over 140 companies, is strongly enforced through an independent robust complaints process which includes the power to enforce sanctions for breaches of the Code.</p> <p>We welcome the recognition by Government that the majority of retailers and consumers do act responsibly, and that the responsible majority should not be penalised. We believe a clear definition of what is meant by “irresponsible promotion” within different retail environments would be beneficial.</p> <p>It is important to recognise that promotions are a very important tool and take many forms (ie on pack promotions such as a free glass or opportunity to enter a competition/prize draw, or opportunity to receive a money off voucher on a new brand when purchasing a bottle). We do not believe such promotions are irresponsible or lead to irresponsible consumption. An issue which has been receiving much attention is price-based promotions. The SWA and GVA are not opposed to appropriate price-based promotions. They are important in contributing towards brand awareness and introducing new products to the market. Without such mechanisms, established brands have an advantage and this can lead to market stagnation. The SWA and GVA would like to make clear our view that we oppose any sort of minimum pricing as a matter of principle, and question whether such a system would be legal under EU and international trade rules.</p> <p>Portman Group</p> <p>The Portman Group (TPG) was set up in 1989 by the UK’s leading alcohol producers. Its purpose was to promote sensible drinking; to help prevent alcohol misuse; to encourage responsible marketing; and to foster a balanced understanding of alcohol-related issues.</p> <p>A dilemma facing Governments is whether to use alcohol policies to reduce the amount of alcohol that all drinkers consume in order to impact upon harmful drinking even though, by its very design, this approach penalises all drinkers alike. We believe that attempting to tackle problems through reducing per capita consumption (eg through taxation or restrictions on availability) is untargeted and unfair.</p> <p>We strongly believe the focus should be on reducing alcohol misuse. It is possible, indeed very probable, that reducing alcohol misuse will actually result in a net decrease in the nation’s alcohol consumption but that doesn’t mean that reducing overall consumption is an appropriate goal in itself.</p> <p>We consider, however, that better education, providing early advice and support to problem drinkers, and a more robust approach to alcohol law enforcement across the UK would deliver further improvements.</p> <p>The industry has an obligation to market its products responsibly so as not to encourage their misuse. It has a further obligation to use its reasonable endeavours to educate consumers and proactively encourage responsible drinking.</p> <p>Drinks producers are comprehensively regulated by the BCAP/CAP Advertising Codes (overseen by the Advertising Standards Authority) and the Portman Group’s Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks. These codes (except for the BCAP Advertising Code) are self-regulatory and are therefore sometimes referred to as “voluntary”. This term needs to be clarified, however, as it is potentially misleading. The codes are voluntary in so far as the industry has volunteered to impose the restrictions on itself. As is explained below,</p>
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	<p>however, compliance with the codes is mandatory; there is no opt-out for any drinks manufacturer.</p> <p>The reason drinks companies advertise is to encourage brand switching. Studies have demonstrated that responsible advertising can have a powerful effect on the type of alcohol people prefer but does not encourage either the onset of drinking or potentially harmful drinking behaviour.</p> <p>The Portman Group's Code of Practice applies to the naming and packaging of alcoholic drinks and the promotional activities of drinks producers, including press releases, websites and sponsorship. It ensures that such activities are carried out in a socially responsible way. All complaints made under our Code are heard by an Independent Complaints Panel. This Panel is chaired by Sir Richard Tilt, former Director General of the Prison Service; none of the Panel works in the alcohol industry... Failure to comply with our Code results in a drink being removed from sale... This sanction provides a strong commercial threat to companies, encouraging them to ensure that their marketing is responsible.</p> <p>Some commentators claim that the problem of alcohol misuse in the UK is made worse by the price is manipulated to encourage sales. Pricing is, of course, controlled by retailers not producers. Producers are nonetheless interested in the way in which their products are priced and promoted by the retailer. In general, we do not accept that price is the main contributory factor in harmful drinking.</p> <p>Price and total consumption are undoubtedly closely related in that price hikes will usually lead to a fall in a nation's consumption. But the effect of price rises on the behaviours of the heaviest drinkers is ambiguous. There are nonetheless some specific pricing tactics by retailers, such as below-cost selling and volume-related discounts, which raise potential concerns. The Portman Group, however, is unable to offer any regulatory intervention to prevent such tactics or any other aspect of retailers' pricing structures. Furthermore, retailers themselves may find it difficult to self-regulate on pricing because of fears of breaching competition law.... In the off-trade, however, the purchase of extra volume does not necessarily impact on drinking patterns; instead, consumers may choose to store their purchase and consume it at their leisure over weeks or months. For this reason, we are not convinced that action is required to curb volume-related discounts in the off-trade. Any restriction on volume-related discounts in the off-trade risks possible unintended side-effects. Retailers may compete instead by further reducing basic prices or there may be a move to larger-sized stock-keeping units (SKUs); either of these might undermine the intent of the restriction.</p> <p>Educational Initiatives: The Portman Group and its member companies have pioneered a number of inspiring alcohol responsibility initiatives which include: Drinkaware website, labelling, Drinkaware Trust</p> <p>No single policy action would transform our drinking culture overnight. Instead, alcohol harm reduction success depends on strong leadership from Government and a properly co-ordinated approach involving the medical profession, teachers, those working in the criminal justice system, regulators, media, parents, retailers and producers. The effect of pricing, advertising and availability are insignificant next to the effect of cultural stereotyping, peer influence and role modelling... We strongly believe that, given accurate and full information, the vast majority of consumers will make healthier lifestyle choices. With others, we need to use more forceful powers of persuasion. In some areas of the UK, the alcohol laws could be enforced to better effect.</p>
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	<p>Scottish and Newcastle</p> <p>We are absolutely committed to working together with the Government, the public health community and industry colleagues to tackle the abuse of alcohol in our society and to promote the responsible consumption of our products.</p> <p>S&N UK believes the most effective alcohol strategies should concentrate on tackling alcohol misuse and not consumption per se. Any measures which focus on total consumption obscures differences in how people drink and the outcomes they are likely to experience.</p> <p>S&N UK does not believe that new laws or codes are the most effective way to bring about change. There is already a full range of laws in existence to tackle disorder and sales to those who are underage or drunk. We believe strong and consistent enforcement of these laws will be the most effective way forward.</p> <p>We strongly believe that industry can be a valuable partner in tackling alcohol misuse, by marketing its products responsibly, providing consumers with information—demonstrated by our full compliance with the voluntary label—and delivering education and responsible drinking programmes.</p> <p>However, integral to the success of the strategy is the role of individual responsibility. From Government, to industry to the individual, all parties have a role to play.</p> <p>Wine and Spirits Trade Association</p> <p>It should not be overlooked that there is a significant body of evidence from many global studies that show that moderate alcohol consumption can bring a range of health benefits and therefore tackling alcohol misuse should not be to the detriment of moderate consumers.</p> <p>There are difficult problems that link alcohol abuse with social deprivation, unemployment, poor education, poor housing, poor nutrition and other major social issues. As the availability and price of alcohol is the same through the UK, these problems clearly have more complex causes than the freedom with which alcohol can be accessed. It is essential that the underlying causes of these problems be addressed and not solely the regulation of the alcohol industry.</p> <p>A targeted approach such is necessary to address the minority that are misusing alcohol without penalising moderate consumers. Whole population approaches to alcohol that concentrate on restricting supply across the board may reduce overall alcohol consumption, but these reductions tend to take place among the wider population rather than the problem drinkers whose consumption puts them at risk of harm.</p> <p>Personal responsibility is clearly a key principle when tackling alcohol misuse and one notoriously difficult to foster. We believe that this is best done by greater enforcement of the laws relating to alcohol, quality school education and public health campaigns to promote a responsible attitude to drinking.</p> <p>Increasing consumers' knowledge and appreciation of alcoholic products, through tastings and education courses also plays an important role in ensuring people drinks for the right reasons and do so in a healthy way. Wines and spirits can be a fascinating area of interest and teaching consumers to appreciate this is a more effective way of encouraging mature attitudes to alcohol than by demonising it through measures such as</p>
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	<p>separate checkouts and tobacco style health warnings.</p> <p>Industry has often shown that its initiatives are able to outpace legislation, as has recently been seen with the implementation of Challenge 21 and Challenge 25 policies, and we believe the Government can secure its policy objective in a more timely and cost-effective way by working with industry rather than against it. Government can support and encourage these voluntary initiatives by avoiding placing additional burdens on industry.</p> <p>While industry is involved in a large number of voluntary schemes to reduce the harms caused by alcohol misuse and promote its responsible consumption, it also take seriously the responsibility of marketing its products in a way that does not encourage their misuse. Drinks producers are comprehensively regulated by the BCAP/CAP Advertising Codes (overseen by the Advertising Standards Authority) and the Portman Group's Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks. The Portman Group's Code of Practice applies to the naming and packaging of alcoholic drinks and the promotional activities of drinks producers, including press releases, websites and sponsorship. It ensures that such activities are carried out in a socially responsible way. Enforcement of the Independent Complaints Panel's decisions is provided by retailers who do not sell any drink found to be in breach of the Code until that drink's marketing has been altered to comply with the Code. This sanction provides a strong commercial threat to companies, encouraging them to ensure that their marketing is responsible.</p> <p>Changing the culture of alcohol consumption in the UK is a complex task that requires the partnership of a range of stakeholders. There is no silver bullet that will solve the problems of alcohol misuse, but by pursuing evidence based policies that target harmful drinkers, addressing problems through better use of the legislation that already exists and by promoting responsible use of alcohol in the population through education, the Government, in partnership with industry and other stakeholders, will be able to make a impact.</p> <p>SABMiller</p> <p>In general terms, moderate drinking is associated with a number of health benefits in some people. Harmful outcomes, on the other hand, are generally associated with heavy drinking patterns and alcohol abuse. But it is important to note that some researchers associate health risks for some people with even moderate levels of consumption.</p> <p>The alcohol producer's role includes providing consumers with accurate and balanced reminders about its products, and ensuring that these products are marketed in a way that does not condone or promote irresponsible drinking.... Producers, retailers and government also need to accept that tackling harmful drinking patterns will only be effective if people accept their individual responsibility towards their own alcohol consumption.</p> <p>SABMiller supports the Government's voluntary labelling code and was the first alcohol producer to commit to fully implement the Government's voluntary code on labelling... Labelling should be a reminder about levels of unit consumption and key health messages, reinforcing the consumer's existing understanding of responsible alcohol consumption developed from the full provision of accurate, factual information.</p> <p>Though we recognise that consumers are ultimately responsible for their own drinking decisions, our advertising will not present refusal, abstinence or moderate consumption in a negative light, suggest that alcohol has curative qualities, depict pregnant women, or be targeted to underage</p>
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	<p>people. In addition to compliance with the legislative codes, SABMiller adheres to the Code on Non Broadcast Advertising, Portman Group Code and the SABMiller Policy on Commercial Communications. When combined with the legislative codes, these voluntary codes help strike the balance between society's expectation for responsible advertising, our right to advertise a legal product in a free and competitive market, and the adult consumer's right to have information about our brands.</p> <p>The initial findings of the University of Sheffield's ScHARR Review of the Effects of Alcohol, Price and Promotion raised the concept of "floor prices". These have also been proposed by the Scottish Government in their report Changing Scotland's Relationship with Alcohol. We consider these to be both disproportionate and unnecessary. Minimum prices interfere with the underlying principles of a free market economy. The process of setting minimum prices is arbitrary to which there is no end, and it is predicated on the improbable assumption that raising the price of alcohol will make the minority of drinkers who misuse alcohol and/or engage in anti-social behaviour act differently. Minimum prices are most likely to impact the drinking behaviour of those adults who enjoy drinking alcohol and who do so in a legal, moderate, and socially-acceptable way. In much of continental Europe, the price of alcohol is far cheaper than in the UK but there are not the same problems; societal tolerance (or intolerance) of those who drink irresponsibly or illegally appears to be a greater determinant of the extent to which a country will experience alcohol harm than the price of alcohol.</p> <p>A recent study found that the wide availability of social sources, including parents and relatives, meant that reducing availability of alcohol from commercial sources has only a moderate impact on the amount of alcohol consumed by underage drinkers. SABMiller welcomes the British Chief Medical Officer's Guidance on the Consumption of Alcohol by Children and Young People published in January 2009 which advises parents on how to encourage their children, and themselves, to develop a responsible attitude to drinking. This guidance is an important contribution to reducing the harm caused by underage drinking and will hopefully discourage parents, friends and relatives from providing alcohol to those under the legal drinking age.</p> <p>Instead of seeking to tackle alcohol misuse through blanket measures such as high prices that unfairly penalise the vast majority of adult drinkers who consume alcohol sensibly and legally, the UK should target the small minority who harm themselves or others when drinking alcohol.</p> <p>Tackling harmful drinking patterns will only be effective if people accept their individual responsibility. Increased pricing and restrictions on retailing will not solve the problem of alcohol misuse. These are a small part of a wider issue which has individual judgement and accountability at its heart. While government, public services and industry have a role to play in raising awareness about the potential harm of excessive alcohol consumption, much of the information about alcohol is conveyed through informal channels. In particular, family and peers play a key role in the development of attitudes, awareness and behaviours around drinking. Government and industry initiatives should seek to support them in their role. Parents play a crucial role in teaching their children about the responsible consumption of alcohol. By strengthening their knowledge about alcohol consumption they can ensure that their children grow up to be responsible. Providing parents with accurate and balanced sources of information, such as TalkingAlcohol.com, means they can feel more confident in carrying out this responsibility. Several of SABMiller's businesses offer resources for parents to talk with their children about not drinking, such as Let's Keep Talking in the United States and We Can All Be Parents in Colombia.</p>
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Jackson et al, 2000 [236]	<p><u>Geography</u> UK</p> <p><u>What policy is the AI attempting to influence</u> General marketing</p> <p><u>Tactics used</u> Other voluntary measures in the United Kingdom are managed by the Portman Group, which was set up in 1990 by the eight major UK drinks manufacturers. Its specific goals are to promote sensible drinking, reduce alcohol-related harm and develop a better understanding of alcohol misuse. It undertakes educational work, much of which is directed at young people. An early initiative of the Portman Group is the launch of its proof-of-age card scheme to help licensees detect under-age drinkers</p> <p>Government legislation has been slow to respond to the growth in the youth drinks sector. The industry has taken the lead, with the Portman Group announcing new industry guidelines for alcoholic soft drinks. The voluntary code recommends the following: a ban on the use of characters or imagery that appeal to under-18s; a ban on containers in anti-social shapes and names that suggest aggression, violence, danger or sexual success; and a requirement that retailers restrict the display of drinks containing alcohol to shelves in alcohol sections only, and do not mix them in refrigerators with soft drinks</p> <p><u>Arguments used</u></p>
Jernigan, 2011 [96]	<p><u>Geography</u> Transnational</p> <p><u>What policy is the AI attempting to influence</u> General marketing</p> <p><u>Tactics used</u> This growing concentration of the beer and distilled spirits industries has created an unprecedented concentration of resources at global and national levels for participating in and influencing policy debates regarding alcohol... To this end, in 1995, 10 of the world's largest distilled spirits and beer marketers at that time (Allied Domecq Spirits and Wine [as of 2006 split up between Pernod Ricard, Diageo, and Beam Global Spirits and Wine], Bacardi-Martini, Brown-Forman, Coors Brewing Company, Guinness PLC [now part of Diageo], Heineken NV, International Distillers and Vintners [now part of Diageo], Miller Brewing Company [now controlled by SAB-Miller, a conglomerate formed by joining Miller with South African Breweries, with the Philip Morris successor company Altria retaining a 20% interest], Joseph E. Seagram & Sons [whose spirits brands were acquired primarily by Pernod Ricard and Diageo in 2000], and South African Breweries [now SABMiller]) banded together to found the ICAP....Miller's involvement in the ICAP as follows:</p> <p><i>As Miller continues to expand internationally, we will need a better grasp on how different governments may regulate our products ... [this is] the latest initiative in managing worldwide issues, and assisting our sales and marketing group in an increasingly competitive marketplace.</i></p> <p>In a letter announcing the formation of the ICAP in 1995, Grant outlined 4 goals for the new organization: (1) elaborating a more integrated approach to alcohol policy, involving all interested sectors; (2) developing a common language for promoting more effective dialogue; (3) encouraging initiatives designed to meet the needs of developing countries; and (4) promoting responsible lifestyles – A subsequent ICAP brochure described the first goal as an effort to reassess “current theories with a primary focus on the differences between positive and negative patterns of drinking.” This emphasis on the patterns of drinking (as opposed to population levels of consumption) and positive effects of alcohol use would be a major ICAP</p>

	<p>focus in its first decade, developed in a 1998 conference titled “Permission for Pleasure,” and a subsequent edited collection of essays titled, <i>Alcohol and Pleasure: A Health Perspective</i>. “Involving all interested sectors” would in practice mean pushing for and engaging in active alcohol industry involvement in public health policymaking regarding alcohol, directing debate over alcohol policy into areas where the alcohol industry could agree, and thus focusing on education and identification and treatment of the heaviest drinkers (among the least effective and least cost-effective approaches to alcohol problems) and staying away from population-level strategies such as increased taxes or restrictions on marketing or physical availability. The second goal would seek to remove phrases troubling to the industry such as “alcohol and other drugs” from the official lexicon...The third would aim to protect the industry’s ability to expand in areas where its potential for growth was greatest, by influencing and encouraging weak alcohol policies in this region. The fourth goal would in practice mean promoting drinking and the drinker’s right to obtain alcohol.</p> <p>Much of the ICAP’s activities have focused on countering the influence of the WHO and leading alcohol researchers by essentially functioning like a WHO unit on alcohol, with certain key omissions. Building on Grant’s decade of experience at the WHO in creating and distributing edited collections of contributions by scholars from around the world, the ICAP would commission and produce 10 such book-length collections between 1998 and 2010, as well as 2 other monographs, 6 briefing papers for consultation with the WHO, 20 brief issue reports, 4 in-depth ICAP reviews of issues in alcohol policy, 5 periodic reviews of drinking and culture, 8 peer-reviewed journal articles written by ICAP staff and paid consultants, 1 special issue of a journal devoted to alcohol and harm reduction, and 22 charters, working papers, progress reports, and other brief policy statements or guides to policy implementation. It also produced 4 policy guides, 9 health briefing papers, 8 issue briefing papers, and 4 policy tool kits, “guides for implementation of interventions to reduce harmful drinking.”</p> <p>Although the WHO was producing fewer publications during this period, several ICAP publications seemed to attempt to counter or pre-empt similar WHO publications. For instance, in 1994 the European office of the WHO had sponsored a group of 17 scientists from 9 countries to produce a comprehensive review of the global research literature on alcohol and public health. The book made a strong, evidence-based argument for population-level strategies such as excise tax increases and controls over physical availability. The ICAP’s first policy manifesto appeared in 1998, and was titled <i>Drinking Patterns and Their Consequences</i>. It sought to reframe the debate from societal measures to individual patterns of drinking, which could be harmful or beneficial. This reframing also shifted the focus from the product and the practices of the industry to the behavior of individual drinkers..... Whereas WHO estimates have placed alcohol’s role in the global burden of disease on a par with that of tobacco, the ICAP, in a publication of its own titled <i>Alcohol Consumption and the Burden of Disease</i>, focused on the limitations of the study, including claiming (incorrectly) that the estimates had failed to take into account different patterns of drinking....Two other ICAP publications directly addressed the well-documented public health strategies of increasing alcohol taxes and restricting physical availability.</p> <p>The ICAP has also produced a series of briefing papers, reviews of alcohol policy issues that claim to be surveys of the research literature... The ICAP papers focus on the disagreements and inconclusiveness of alcohol policy research. For instance, the ICAP briefing paper on health warning labels on alcohol reflects “the equivocal nature of the contemporary HWL [health warning label] debate.” Other reports reflect the alcohol industry’s</p>
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	<p>interest in promoting alcohol consumption. For instance, the ICAP report on safe drinking levels concludes by noting that “both the UK and the US guidelines draw attention to the health benefits of moderate alcohol consumption.”</p> <p>The ICAP developed its own “blue book,” an Internet-based set of “practical guides for alcohol policy and targeted interventions.” ...Described as “a new way to address the role of alcohol in society,” the blue book offers 23 “modules” for policy development. Conspicuously missing from these modules is any mention of 3 of the most effective policy approaches to alcohol problems: taxation, restrictions on advertising and marketing, and limits on physical availability.</p> <p>Finally, the industry must consistently emphasize alcohol education. As Miller’s vice president of corporate relations told a meeting of alcohol industry executives in 1996, when the beer company was still under the control of Philip Morris, <i>“First, we must continue to educate consumers to drink our products responsibly Second, we must continue to educate the public ... that there is a vast difference ... between consumption ... and abuse ... of our products ... and between alcohol ... and illegal drugs And third, we must continue to educate policy makers ... that we ... and the 100 million Americans who drink alcohol beverages ... don’t need higher taxes ... and more restrictive regulations For our industry, a positive image ... based on accurate information about our products ... is not a luxury ... but a necessity ... a necessity for survival This is hardball ... and we’ve got to play to win.”</i></p> <p>Arguments used</p> <p>A CDC systematic review of the literature on the relationship between physical availability of alcohol and health outcomes found <i>“sufficient evidence of a positive association between outlet density and excessive alcohol consumption and related harms to recommend limiting alcohol outlet density through the use of regulatory authority (e.g., licensing and zoning) as a means of reducing or controlling excessive alcohol consumption and related harms”</i>. Again, other reviews of the global literature have corroborated this finding. The ICAP review of the same literature states that “a debate has been developing around the effectiveness of availability control measures,” claims that “[t]here is evidence that efforts by those desiring to circumvent existing controls has fueled organized crime” (with the cited source being an article by a Diageo employee published in another ICAP collection)</p> <p>A subsequent ICAP brochure described the first goal as an effort to reassess “current theories with a primary focus on the differences between positive and negative patterns of drinking.” This emphasis on the patterns of drinking (as opposed to population levels of consumption) and positive effects of alcohol use would be a major ICAP focus in its first decade, developed in a 1998 conference titled “Permission for Pleasure,” and a subsequent edited collection of essays titled, <i>Alcohol and Pleasure: A Health Perspective</i>. “Involving all interested sectors” would in practice mean pushing for and engaging in active alcohol industry involvement in public health policymaking regarding alcohol, directing debate over alcohol policy into areas where the alcohol industry could agree, and thus focusing on education and identification and treatment of the heaviest drinkers (among the least effective and least cost-effective approaches to alcohol problems) and staying away from population-level strategies such as increased taxes or restrictions on marketing or physical availability.</p> <p>The ICAP report on drinking age limits states that some “argue that a minimum drinking age of 21 is impractical” and that “the emphasis should be less on stigmatizing alcohol and more on promoting responsible</p>
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	consumption of alcohol.”
Monardi and Glantz, 1998 [507]	<p><u>Geography</u> USA (Wisconsin)</p> <p><u>What policy is the AI attempting to influence</u> In July, 1997 ... proposal that most tobacco and alcohol advertisements on billboards be ended in the City of Milwaukee.</p> <p><u>Tactics used</u></p> <p><u>Arguments used</u> Mike Brophy, communications director for Miller Beer, expressed concern for reducing access to cigarettes and alcohol to children, but found it odd that the alderman would introduce a proposal that would “demonize” a product (beer) that was a significant part of Milwaukee’s history.</p>
Mosher, 2012 [138]	<p><u>Geography</u> USA</p> <p><u>What policy is the AI attempting to influence</u> General marketing</p> <p><u>Tactics used</u> Diageo initiated a sophisticated public relations program during the same period that it launched the Smirnoff brand campaign. Its purpose was to convince policymakers, public health and medical groups, and the public that the company was committed to deterring underage drinking and other social harms associate with its products. Diageo hired Guy Smith, a former vice president of Philip Morris, a veteran of the tobacco wars, and a former advisor to President Clinton, to head up its marketing public relations division, which would design and implement the campaign. The following strategies were used.</p> <ol style="list-style-type: none"> 1. Establish a self-regulatory structure to monitor the company’s alcohol advertising. Diageo established its own responsible marketing code, which it describes as “a beacon for responsible marketing and brand innovation” according to DrinkIQ. The code, established in 1997, is periodically updated and states that the company’s advertising must <i>Be aimed only at adults and never target those younger than the legal purchase age for alcohol [and] be designed and placed for an adult audience, and never be designed or constructed or placed in a way that appeal primarily to individuals younger than the legal purchase age for alcohol.</i> 2. Broadcast “responsibility” advertisements. Between 2001 and 2005, Diageo spent 17.7% of its advertising budget on responsibility television advertising, which is focused primarily on educating viewers about how to prevent underage drinking and drunk driving—far more than any other alcoholic beverage producer. Even so, underage youths were far more likely to see a Diageo product advertisement than a responsibility advertisement during this period. 3. Fund prevention programs that focus on education, public awareness, and responsible retail practices. According to Diageo’s 2009 Corporate Citizenship Report, <i>We support practical programmes in many of our markets to tackle particular examples of harm from alcohol misuse... This year we led or supported over 130 such initiatives in over 40 countries. The Diageo Responsible Drinking Fund, which had resources this year of £400,000, provided financial support, backed up by expert guidance.</i> <p>Examples include DrinkIQ, a Web site providing information on alcohol and alcohol problems, programs focused on responsible alcohol retail practices, and drinking and driving and underage drinking awareness programs.</p>

	<p>4. Build partnerships with medical and public health organizations and government agencies. According to Diageo, most of its funded programs are <i>undertaken in partnership with other organizations including governments, non-governmental organizations, universities, researchers, physicians, [and] law enforcement.</i></p> <p>Medical and public health groups are a high priority for building partnerships; governmental agencies are equally important. For example, Diageo has reached out to the Federal Trade Commission, which regulates alcohol advertising and called for the industry to support the Federal Trade Commission's "We Don't Serve Teens Campaign." The company's cooperation with governmental agencies on prevention efforts dovetail with Diageo's extensive political lobbying activities. Diageo and other distillers have also sponsored scientific research and sought to influence public perceptions regarding research findings.</p> <p>5. Establish industry-based "social aspects" organizations. Over the past decade, Diageo has helped organize and fund 14 social aspects organizations worldwide, including the Century Council and the International Center on Alcohol Policy in the United States. These industry-member organizations sponsor programs similar to those funded by the Diageo Responsible Drinking Fund and further the goals of the Diageo public relations campaign. Social aspects organizations serve the long-term marketing interests of their industry members.</p> <p>These components fit a strategy used by several industries that have products with potential public health harms: they promote ineffective self-regulatory programs, discourage governmental regulation, broadcast a message of corporate responsibility, fund programs with public relations value that do not interfere with marketing, recruit potential opponents with corporate funds, and seek opportunities to cooperate with governmental agencies that might otherwise interfere with marketing goals.</p> <p><u>Arguments used</u></p> <p>The code, established in 1997, is periodically updated and states that the company's advertising must <i>Be aimed only at adults and never target those younger than the legal purchase age for alcohol [and] be designed and placed for an adult audience, and never be designed or constructed or placed in a way that appeal primarily to individuals younger than the legal purchase age for alcohol.</i></p>
Munro and De Wever, 2008 [505]	<p><u>Geography</u></p> <p>Australia</p> <p><u>What policy is the AI attempting to influence</u></p> <p>2003 - Ministerial Council on Drug Strategy (MCDS) reviewed the effectiveness of ABAC (Alcohol Beverages Advertising Code)</p> <p><u>Tactics used</u></p> <p>2003 review: The ad hoc National Committee for the Review of Alcohol Advertising (NCRAA) concluded that ABAC 'does not address public health concerns about alcohol advertising and use' NCRAA determined that the ASB did not have sufficient understanding of public health concerns about alcohol advertising to make adequate judgements about specific advertisements</p> <p>Rather than impose a different system, MCDS allowed the industry to continue to conduct an ABAC system that was 'revised' and 'strengthened' by 25 amendments</p> <p><u>Arguments used</u></p> <p>Alcohol advertising in Australia has been self-regulated by peak industry bodies through the ABAC since 1998 [National Health Policy on Alcohol warned that a mandatory form of regulation was an option if self-regulation</p>

	<p>failed] The decision in 2003 by the Ministerial Council on Drug Strategy (MCDS) to review the effectiveness of ABAC indicated it had lost confidence in the code, and the subsequent investigation found the ABAC system was deficient, even dysfunctional. Yet throughout 5 years of operation the ABAC principals had maintained the system represented best practice and could not be improved. The Distilled Spirits Industry Council of Australia (DSICA) had proclaimed: '... Australia has a comprehensive self regulatory system in place that specifically prevents advertising directed at young people'; '... the Pre-vetting system has been extraordinarily successful' and it had '... proved ground breaking internationally with several countries adopting the model'. The rigour of the system was lauded: 'the industry's voluntary code and its complaints system was one of the world's most stringent'; and 'Australian brewers ... lead the world in strong self regulation of advertising'</p>
Nelson, 2010 [509]	<p><u>Geography</u> OECD <u>What policy is the AI attempting to influence</u> General marketing <u>Tactics used</u> <u>Arguments used</u> The standard response from the alcohol industry has been that advertising affects brand and beverage shares, and content issues can be dealt with through industry self-regulation and voluntary content-placement codes</p>
Parry, 2010 [501]	<p><u>Geography</u> South Africa <u>What policy is the AI attempting to influence</u> Ministry gave the go-ahead for taking up the issue of restrictions on alcohol advertising in 2002–04 <u>Tactics used</u> They joined forces with the Freedom of Commercial Speech Trust ... This Trust was established in 1997 soon after the health minister had announced her decision to regulate tobacco marketing. <u>Arguments used</u> The liquor industry argued that self-regulation was sufficient</p>
Thamarangsi, 2008 [502]	<p><u>Geography</u> Thailand <u>What policy is the AI attempting to influence</u> General marketing <u>Tactics used</u> In 2006, alcohol industry representatives, together with the entertainment venues surrounding a University, declared a code of practice not to sell alcohol to students in uniform during the daytime. This was intended to demonstrate self-regulation as an alternative to the total advertising ban which was being considered at the time. Many stakeholders can alter the implementation outcomes by acting as the co-implementers. These include the role of the alcohol industry and related sectors in marketing self-regulation, the alcohol industry as a partner of the DDD Foundations, and the media in public campaigns. However, many see that these approaches may be designed to divert policy direction and to promote the corporate image. In many instances, alcohol entrepreneurs negotiated 'trade-offs' with policy makers, such as 'using sport as a hostage'. They threatened to withdraw sports sponsorship in retaliation for the advertising ban. The Federation on Alcohol Control of Thailand (FACT) was established during the formulation process for the FDA advertising ban regulation, in October 2006. Therefore, it was clearly seen as a lobbyist from the</p>

	<p>beginning. Its members include alcohol producers, sellers and distributors, the Thai Retail Association, The Marketing Association of Thailand, the Thai Hotel Association, the Thai Restaurant Association, and the Tourism Association..... FACT opposed the regulation in an aggressive fashion, including warning on the impacts to employment, criticising it as rushed, fishy, and unfair. They also threatened to petition the Administrative court.</p> <p>Foreign alcohol entrepreneurs have had a more explicit role in the alcohol policy process including lobbying for their participation. They were key participants in the meeting of 30 entrepreneurs in July 2003 to oppose advertising regulation and were criticised for delaying the decision.</p> <p>In mid 2006, the US Ambassador took tobacco and alcohol entrepreneurs to meet with the Health Minister. In late 2006, the French Ambassador together with a few alcohol companies submitted their request to delay the regulation of advertising: "The alcohol companies, including whiskey giant Johnnie Walker, said they wanted to have a say in the public hearings on the new Bill being drafted to completely ban all forms of alcohol advertising" [Minister of PH after meeting with US Ambassador and alcohol industry representatives, 2006].</p> <p>In many cases, alcohol operators used windows of opportunity in the alcohol policy process to undermine their business opponents, for example by deviating policy direction during the advertising ban formulation to advocate for White spirits tax rate increases.</p> <p>Following the collective movement against the partial advertising ban, six foreign alcohol operators established REACT (Responsible & Ethical Alcohol Consumption in Thailand) in 2004... one particularly innovative approach from REACT was to use technical mechanisms such as organising technical seminars, announcing a study of the impact of alcohol advertising and the effectiveness of the advertising ban...</p> <p><u>Arguments used</u></p> <p>A decrease in alcohol-generated benefits, of the negative impacts of alcohol policy particularly in economic terms, is a common policy discourse for the industry. For example, the CEO of an alcohol company claimed that a total advertising ban would create 100,000 unemployed: "These measures do not attack the root cause of the problem. They will destroy alcohol industry by the misconception that all beverages are bad and are the cause of all problems... The advertising sector will lose 1.5 to 2 billion Baht (by the ACC Bill)... Related sectors such as bottle shops, restaurants and tourism will be affected by at least 10% of about ten billion Baht" (Suthabodi Sattabut – Assistant Manager Boonrawd Brewery)</p> <p>The alcohol industry used this position (advertising ban is counter to the concept of trade competition, individual freedom and trade freedom) to oppose the ACC Bill.</p> <p>A group of alcohol importers protested to the Thai Government, claiming that the advertising regulations were contrary to the WTO agreement. The alcohol industry have used the example of increasing overall consumption in some countries that have banned alcohol advertising to oppose such interventions.</p> <p>"We advocate for a self regulatory system among alcohol producers as we know that advertising bans are ineffective from experience of New Zealand, US, Sweden and Denmark" (an administrator of an international alcohol company, 2005)</p> <p>The alcohol industry claimed the partial advertising regulation was a failure</p>
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	<p>and later called for its repeal.</p> <p>...alcohol entrepreneurs used the failure to reduce traffic accidents in the 2004 New Year to call for the repeal of the partial advertising ban</p> <p>Most policy players seem to agree about the situation of poor policy enforcement. However the alcohol industry's agenda in calling for stronger enforcement is possibly to avoid the enactment of stronger alcohol legislation. For example, industry representatives recommended that the government strengthen the enforcement of the existing laws in a lobby against the 2003 partial advertising ban.</p> <p>Foreign entrepreneurs ...labelling the Thai government a dictatorship because of the advertising ban</p> <p>A Riche Monde administrator claimed that REACT's self-regulation has proved its effectiveness, and it a better alternative to the total ban [on sports advertising]</p> <p>FACT opposed the regulation in an aggressive fashion, including warning on the impacts to employment, criticising it as rushed, fishy, and unfair.</p>
van Hoof et al, 2008 [243]	<p><u>Geography</u> Netherlands</p> <p><u>What policy is the AI attempting to influence</u> General marketing</p> <p><u>Tactics used</u> In the current Dutch situation, happy hours and other alcohol discounts in the catering industry are subject only to self-regulation. The Dutch Foundation for the Responsible Use of Alcohol (STIVA), an organization of alcohol industries representatives, has formulated an Advertising Code containing rules for alcohol promotions. According to the Advertising Code, alcohol promotions are not allowed in premises where 25% or more of the visitors are minors. Nor are premises permitted to offer alcoholic beverages for free or to sell them for less than half of the normal price, to offer more than one discounted drink per customer, or to combine alcohol discounts with additional free gifts.</p> <p><u>Arguments used</u></p>

Appendix 3: The Tobacco Marketing Environment – Measures of Marketing

<u>Outcome variable</u>	<u>Data collection</u>	<u>Format of variable</u>
Community level (EPOCH 1)		
Total number of tobacco outlets	<p>During the 1km walk, the number of vendors/street stands and number of general stores selling tobacco were counted. These were combined in this analysis to form a new variable of the total number of tobacco outlets.</p> <p>The 'Manual for conducting EPOCH'[534] outlines what should be counted:</p> <p><i>From the Start Point, walk slowly down the street, noting down all the advertisements and shops you see... Depending on the density of the area you choose, the whole walk may take about 40 minutes.</i></p> <ul style="list-style-type: none"> • <i>Each store should be put into one category only. Do not count a shop more than once.</i> • <i>If a store seems to fit into more than one category, categorize it into the best option available.</i> • <i>If convenience stores/ general stores sell cigarettes mark in: "Convenience store/general stores (with cigarettes)" only</i> • <i>If convenience stores/ general stores do not sell cigarettes mark in: "Convenience stores/general stores" only</i> <p>The average number of outlets seen in each country (split into urban/rural communities) and in each country income group (again split into urban/rural communities) was tabulated.</p>	Continuous - count
Percentage of selected tobacco stores selling single	One store selling tobacco was visited during the 1km walk and it was noted whether or not the store sold single cigarettes.	Binary – 1=No, 2=Yes

cigarettes	<p>The 'Manual for conducting EPOCH'[534] outlines what should be counted:</p> <p><i>Identify a store or outlet that sells cigarettes on your Community Observation Walk. If no outlets are seen, visit the nearest place that sells cigarettes. If more than one outlet is seen, visit the store closest to the Start Point.</i></p> <p><i>A single unit cigarette = Cigarettes sold separately. You can buy one cigarette at a time</i></p> <p>The percentage of communities with a selected tobacco store that <i>did</i> sell single cigarettes was tabulated.</p>	
Number of tobacco adverts	<p>The number of tobacco adverts were counted during the 1km walk.</p> <p>The 'Manual for conducting EPOCH'[534] outlines what should be counted:</p> <p><i>From the Start Point, walk slowly down the street, noting down all the advertisements and shops you see... Depending on the density of the area you choose, the whole walk may take about 40 minutes.</i></p> <p><i>Categorise all advertisements you see. For example include:</i></p> <ul style="list-style-type: none"> <i>Advertisements on poster boards, pasted on walls, pasted on bus stops, pasted on bus or cars that go by you as you do the walk</i> <i>Permanent advertisements on buildings or public facilities</i> <i>Advertisements on shop windows and advertisements just inside windows within ~ 1 metre of the window that are clearly visible by people walking by the shop (A4 paper size or greater)</i> <i>If you see advertisements pasted on boxes pressed against shop windows or on the pavement, include if advertisement is easily visible (e.g. A4 paper size).</i> 	Continuous - count

	<ul style="list-style-type: none"> • <i>If there are multiple advertisements of the same type stuck one on top of each other count as one advertisement.</i> • <i>If two or more advertisements are adjacent to each other on a single surface count as two or more advertisements if they are 1 or more metres apart.</i> • <i>Apply a similar rule when advertisements are clustered together for other reasons. For example a group of shopping trolleys in a line in front of a store may all have the same advertisement and could be counted as one.</i> • <i>If a poster board is two sided, with the same or different advertisement on each side, count this as two advertisements.</i> <p>The average number of adverts seen in each country (split into urban/rural communities) and in each country income group (again split into urban/rural communities) was tabulated.</p>	
Percentage of selected tobacco stores with POS advertising	<p>One store selling tobacco was visited during the 1km walk and it was noted whether or not there was POS advertising.</p> <p>The 'Manual for conducting EPOCH'[534] outlines what should be counted:</p> <p><i>Identify a store or outlet that sells cigarettes on your Community Observation Walk. If no outlets are seen, visit the nearest place that sells cigarettes. If more than one outlet is seen, visit the store closest to the Start Point.</i></p> <p><i>Point-of-Sale advertising = Advertising at or near the store counter which is usually inside the store.</i></p> <p>The percentage of communities with a selected tobacco store that <i>did</i> have POS advertising was tabulated.</p>	Binary – 1=No, 2=Yes
Individual level (EPOCH 2)		
Poster	Individuals were asked to recall whether or not they had seen each type of tobacco marketing within the previous six months.	Binary – 1=No, 2=Yes
Signage		
TV		

Radio	<p>The 'Manual for conducting EPOCH'[534] outlines what should be counted:</p> <p><i>This is the first of a series of questions asking where participants have seen or heard different types of advertising. Participants are asked to report 'yes' or 'no' to whether they have seen cigarette/ tobacco advertisements in a list of different types of media.</i></p> <p><u>On posters</u> = This includes posters pasted on billboard, walls, windows, taxis, buses etc.</p> <p><u>Permanently sponsored signage on shops or other buildings</u> = This refers to a more permanent style of advertising. A company may buy a building or sponsor a facility and put their signage on this building or facility</p> <p><u>TV</u> = Any advertisement seen on TV</p> <p><u>Radio</u> = Any advertisement heard on radio</p> <p><u>Print media such as newspapers/magazines</u> = May include other print media such as flyers, local papers, booklets, books</p> <p><u>At cinemas</u> = Commercials prior or during movies seen at the cinema</p> <p><u>Sponsorship of sporting, music or other events</u> = Companies may advertise their name or products through sponsoring sporting or other major events.</p> <p><u>On products such as umbrellas, ashtrays, shopping bags, clothing, or any other products</u> = Companies may advertise their name or products by putting their name or products on items that are often given for free.</p> <p><u>On the Internet</u> = This includes any type of advertising seen while surfing the net or on email</p> <p><u>Free samples</u> = Free sample of a product e.g. a cigarette, or a chocolate bar, or tissues carrying an advertisement</p> <p><u>Promotional vouchers that allow discounts</u> =</p>	
Print media		
Cinema		
Sponsorship		
Other products		
Internet		
Free samples		
Vouchers		

Appendix 3

	<p><i>Vouchers that allow a discount on a product</i></p> <p>The percentage of individuals who reported seeing each type of marketing in the previous six months was tabulated.</p>	
Traditional marketing	<p>The number of individuals who reported having seen the following types of marketing were totalled: poster, signage, TV, radio, print media, cinema.</p> <p>The totals were then split into the percentage of individuals who had seen none of the marketing types, and those who had seen 1-6 of the traditional marketing types.</p>	Binary – 1=None, 2=1-6 types
Non-traditional marketing	<p>The number of individuals who reported having seen the following types of marketing were totalled: sponsorship, on other products, Internet, free samples, vouchers.</p> <p>The totals were then split into the percentage of individuals who had seen none of the marketing types, and those who had seen 1-5 of the non-traditional marketing types.</p>	Binary – 1=None, 2=1-5 types

Appendix 4: The Tobacco Marketing Environment – Exposure and Confounder Variables

<u>Exposure and confounder variable</u>	<u>Data collection</u>	<u>Format of variable</u>
Community type	This was noted in EPOCH 1 <i>Is this a rural community? - No, Yes [600]</i>	Binary – 1=Urban, 2=Rural
Country income group	This was categorised in PURE according to the 2006 World Bank classification[536]	Categorical – 1=HIC, 2=UMIC, 3=LMIC, 4=LIC
Gender	This was asked in EPOCH 2 Gender - Female, Male [601]	Binary – 1=Female, 2=Male
Age	This was asked in EPOCH 2 Age (continuous) [601]	Continuous
Internet access	This was asked in EPOCH 2 <i>Do you have access to the Internet? (Mark all that apply) – At home, At work, In community for free, In community but need to pay, At a friend/relatives house, Other place, No access to the Internet [601]</i> Only the final part of the question was used “No access to the Internet” – if this had been ticked then the individual was classed as not having access to the Internet, if it was left blank then the individual was classed as having access to the Internet.	Binary – 1=Internet access, 2=No Internet access
TV ownership	This was asked in PURE Household <i>Does the household own any of the following? TV [602]</i> This household-level variable was applied to each individual living in the household who also took part in	Binary – 0=TV access, 1=No TV access

Appendix 4

	EPOCH.	
Radio ownership	<p>This was asked in PURE Household</p> <p><i>Does the household own any of the following? Stereo/transistor/radio [602]</i></p> <p>This household-level variable was applied to each individual living in the household who also took part in EPOCH.</p>	<p>Binary –</p> <p>0=Radio access, 1=No radio access</p>
Education	<p>This was asked in EPOCH 2</p> <p><i>What is the highest level of school you attended? (check highest level completed only) – Primary, Secondary, Higher [601]</i></p>	<p>Categorical –</p> <p>1=None, 2=Primary, 3=Secondary, 4=Higher</p>
Smoking status	<p>This was asked in EPOCH 2</p> <p><i>Smoking status? Current, Former, Never [601]</i></p>	<p>Categorical –</p> <p>1=Current, 2=Former, 3=Never</p>
Number of close friends who smoke	<p>This was asked in EPOCH 2</p> <p><i>Thinking of your five closest non-related friends, how many of them currently smoke? (written number 0-5) [601]</i></p> <p>This categorical variable (0, 1, 2 etc) was recoded into a binary variable to signify having close friends who smoke, or not having close friends who smoke.</p>	<p>Binary –</p> <p>1=None, 2=At least one (1-5)</p>

Appendix 5: Compliance with Tobacco Marketing Regulations – Exposure and Confounder Variables

<u>Exposure variable</u>	<u>Collection</u>	<u>Format of variable</u>
GDP per capita	GDP per capita (current US\$). Data from 2010[540].	Continuous
HDI rank	<p>HDI ranking, ranging from 1-187 (the number of UN countries). Data from 2010[579]. A ranking of 1 = best, and 187 = worst.</p> <p>Human Development Index (HDI) is a composite measure of life expectancy, education, and gross national income per capita used to rank countries in terms of their human development.</p>	Continuous
Corruption	Control of corruption. Percentile rank (0-100), compared to all countries. Data from 2010[577]. A percentile rank of 0 = corrupt, and 100 = not corrupt.	Continuous
Government effectiveness	Government effectiveness including commitment to policy. Percentile rank (0-100), compared to all countries. Data from 2010[577]. A percentile rank of 0 = not effective, and 100 = effective.	Continuous
Government stability	Political stability / violence. Percentile rank (0-100), compared to all countries. Data from 2010[577]. A percentile rank of 0 = not stable, and 100 = stable.	Continuous
Government expenditure on health	Public and private expenditure on health (% GDP). Data from 2010[540].	Continuous
Tobacco control budget per million population	<p>Budget spent on tobacco control per million population (thousand US\$ per million population). Data used for calculation:</p> <ul style="list-style-type: none"> Population in 2010[539] Annual budget for tobacco control (US\$). Data mostly from 2010, except Brazil (2003), China and Poland (2008), Iran and Pakistan (2007); no data available for Colombia, Malaysia or the UAE[537] 	Continuous

Appendix 5

	<p><u>Step 1:</u> 'Tobacco control budget (US\$) per million population' =</p> $\frac{\text{Annual budget for tobacco control (US\$)}}{\text{Population}}$ <p><u>Step 2:</u> 'Tobacco control budget (thousand US\$) per million population' =</p> $\frac{\text{Tobacco control budget (US\$) per million population}}{1,000}$	
Industry presence (production of tobacco)	Production of unmanufactured tobacco (thousand tonnes). Data from 2010[578].	Continuous

Appendix 6: The Alcohol Marketing Environment – Measures of Marketing

<u>Outcome variable</u>	<u>Collection</u>	<u>Format of variable</u>
Community level (EPOCH 1)		
Total number of alcohol outlets	<p>During the 1km walk, the number of general stores selling alcohol and the number of pubs/bars were counted. These were combined to form a new variable, the total number of alcohol outlets.</p> <p>The 'Manual for conducting EPOCH'[534] outlines what should be counted:</p> <p><i>From the Start Point, walk slowly down the street, noting down all the advertisements and shops you see... Depending on the density of the area you choose, the whole walk may take about 40 minutes.</i></p> <ul style="list-style-type: none"> • <i>Each store should be put into one category only. Do not count a shop more than once.</i> • <i>There may be one exception that is for 'stores that sell alcohol.' If the supermarket sells alcohol, mark it down as 'supermarket' and also as a 'store that sells alcohol'</i> • <i>If a store seems to fit into more than one category, categorize it into the best option available.</i> <p>The average number of outlets seen in each country (split into urban/rural communities) and in each country income group (again split into urban/rural communities) was tabulated.</p>	Continuous - count
Number of alcohol adverts	<p>The number of alcohol adverts were counted during the 1km walk.</p> <p>The 'Manual for conducting EPOCH'[534] outlines what should be counted:</p> <p><i>From the Start Point, walk slowly down the street,</i></p>	Continuous - count

	<p><i>noting down all the advertisements and shops you see... Depending on the density of the area you choose, the whole walk may take about 40 minutes.</i></p> <p><i>Categorise all advertisements you see. For example include:</i></p> <ul style="list-style-type: none"> <i>• Advertisements on poster boards, pasted on walls, pasted on bus stops, pasted on bus or cars that go by you as you do the walk</i> <i>• Permanent advertisements on buildings or public facilities</i> <i>• Advertisements on shop windows and advertisements just inside windows within ~ 1 metre of the window that are clearly visible by people walking by the shop (A4 paper size or greater)</i> <i>• If you see advertisements pasted on boxes pressed against shop windows or on the pavement, include if advertisement is easily visible (e.g. A4 paper size).</i> <i>• If there are multiple advertisements of the same type stuck one on top of each other count as one advertisement.</i> <i>• If two or more advertisements are adjacent to each other on a single surface count as two or more advertisements if they are 1 or more metres apart.</i> <i>• Apply a similar rule when advertisements are clustered together for other reasons. For example a group of shopping trolleys in a line in front of a store may all have the same advertisement and could be counted as one.</i> <i>• If a poster board is two sided, with the same or different advertisement on each side, count this as two advertisements.</i> <p>The average number of adverts seen in each country (split into urban/rural communities) and in each country income group (again split into urban/rural communities) was</p>	
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	tabulated.	
Individual level (EPOCH 2)		
Poster	<p>Individuals were asked to recall whether or not they had seen each type of alcohol marketing within the previous six months.</p> <p>The 'Manual for conducting EPOCH'[534] outlines what should be counted:</p> <p><i>This is the first of a series of questions asking where participants have seen or heard different types of advertising. Participants are asked to report 'yes' or 'no' to whether they have seen alcohol advertisements in a list of different types of media.</i></p> <p><u>On posters</u> = This includes posters pasted on billboard, walls, windows, taxis, buses etc.</p> <p><u>Permanently sponsored signage on shops or other buildings</u> = This refers to a more permanent style of advertising. A company may buy a building or sponsor a facility and put their signage on this building or facility</p> <p><u>TV</u> = Any advertisement seen on TV</p> <p><u>Radio</u> = Any advertisement heard on radio</p> <p><u>Print media such as newspapers/magazines</u> = May include other print media such as flyers, local papers, booklets, books</p> <p><u>At cinemas</u> = Commercials prior or during movies seen at the cinema</p> <p><u>Sponsorship of sporting, music or other events</u> = Companies may advertise their name or products through sponsoring sporting or other major events.</p> <p><u>On products such as umbrellas, ashtrays, shopping bags, clothing, or any other products</u> = Companies may advertise their name or products by putting their name or products on items that are often</p>	<p>Binary –</p> <p>1=No,</p> <p>2=Yes</p>
Signage		
TV		
Radio		
Print media		
Cinema		
Sponsorship		
Other products		
Internet		
Free samples		
Vouchers		

	<p><i>given for free.</i></p> <p><i><u>On the Internet</u> = This includes any type of advertising seen while surfing the net or on email</i></p> <p><i><u>Free samples</u> = Free sample of a product e.g. a cigarette, or a chocolate bar, or tissues carrying an advertisement</i></p> <p><i><u>Promotional vouchers that allow discounts</u> = Vouchers that allow a discount on a product</i></p> <p>The percentage of individuals who reported seeing each type of marketing was tabulated.</p>	
Traditional marketing	<p>The number of individuals who reported having seen the following types of marketing were totalled: poster, signage, TV, radio, print media, cinema.</p> <p>The totals were then split into the percentage of individuals who had seen none of the marketing types, and those who had seen 1-6 of the traditional marketing types.</p>	Binary – 1=None, 2=1-6 types
Non-traditional marketing	<p>The number of individuals who reported having seen the following types of marketing were totalled: sponsorship, on other products, Internet, free samples, vouchers.</p> <p>The totals were then split into the percentage of individuals who had seen none of the marketing types, and those who had seen 1-5 of the non-traditional marketing types.</p>	Binary – 1=None, 2=1-5 types

Appendix 7: The Alcohol Marketing Environment – Exposure and Confounder Variables

<u>Exposure and confounder variables</u>	<u>Collection</u>	<u>Format of variable</u>
Community type	This was noted in EPOCH 1 <i>Is this a rural community? - No, Yes [600]</i>	Binary – 1=Urban, 2=Rural
Country income group	This was categorised in PURE according to the 2006 World Bank classification[536]	Categorical – 1=HIC, 2=UMIC, 3=LMIC, 4=LIC
Gender	This was asked in EPOCH 2 <i>Gender - Female, Male [601]</i>	Binary – 1=Female, 2=Male
Age	This was asked in EPOCH 2 <i>Age (continuous) [601]</i>	Continuous
Internet access	This was asked in EPOCH 2 <i>Do you have access to the Internet? (Mark all that apply) – At home, At work, In community for free, In community but need to pay, At a friend/relatives house, Other place, No access to the Internet [601]</i> Only the final part of the question was used “No access to the Internet” – if this had been ticked then the individual was classed as not having access to the Internet, if it was left blank then the individual was classed as having access to the Internet.	Binary – 1=Internet access, 2=No Internet access
TV ownership	This was asked in PURE Household <i>Does the household own any of the following? TV [602]</i> This household-level variable was applied to each individual living in the household who also took part in	Binary – 0=TV access, 1=No TV access

	EPOCH.	
Radio ownership	<p>This was asked in PURE Household</p> <p><i>Does the household own any of the following? Stereo/transistor/radio [602]</i></p> <p>This household-level variable was applied to each individual living in the household who also took part in EPOCH.</p>	<p>Binary –</p> <p>0=Radio access, 1=No radio access</p>
Education	<p>This was asked in EPOCH 2</p> <p><i>What is the highest level of school you attended? (check highest level completed only) – Primary, Secondary, Higher [601]</i></p>	<p>Categorical –</p> <p>1=None, 2=Primary, 3=Secondary, 4=Higher</p>
Drinking status	<p>This was asked in PURE</p> <p><i>What best describes your history of alcohol use? – Formerly used alcohol products, Currently use alcohol products, Never used alcohol products [603]</i></p>	<p>Categorical –</p> <p>1=Current, 2=Former, 3=Never</p>
Number of close friends who drink alcohol	<p>This was asked in EPOCH 2</p> <p><i>Thinking of your five closest non-related friends, how many of them currently drink alcohol regularly? (written number 0-5) [601]</i></p> <p>This categorical variable (0, 1, 2 etc) was recoded into a binary variable to signify having close friends who drink, or not having close friends who drink.</p>	<p>Binary –</p> <p>1=None, 2=At least one (1-5)</p>

Appendix 8: Compliance with Alcohol Marketing Regulations – Exposure and Confounder Variables

<u>Exposure variable</u>	<u>Collection</u>	<u>Format of variable</u>
GDP per capita	GDP per capita (current US\$). Data from 2010[540].	Continuous
HDI rank	<p>HDI ranking, ranging from 1-187 (the number of UN countries). Data from 2010[579]. A ranking of 1 = best, and 187 = worst.</p> <p>Human Development Index (HDI) is a composite measure of life expectancy, education, and gross national income per capita used to rank countries in terms of their human development.</p>	Continuous
Corruption	Control of corruption. Percentile rank (0-100), compared to all countries. Data from 2010[577]. A percentile rank of 0 = corrupt, and 100 = not corrupt.	Continuous
Government effectiveness	Government effectiveness including commitment to policy. Percentile rank (0-100), compared to all countries. Data from 2010[577]. A percentile rank of 0 = not effective, and 100 = effective.	Continuous
Government stability	Political stability / violence. Percentile rank (0-100), compared to all countries. Data from 2010[577]. A percentile rank of 0 = not stable, and 100 = stable.	Continuous
Government expenditure on health	Public and private expenditure on health (% GDP). Data from 2010[540].	Continuous

Appendix 9: Determinants of Tobacco and Alcohol Industry Compliance with Marketing Regulations

Methodology

Determinants of overall compliance

To examine the determinants of good compliance with tobacco and alcohol marketing regulations, linear regression models were fitted. The outcome variable was the OGCS (continuous), and the model was adjusted for community type, country income group, clustering by country, and a range of explanatory variables: GDP per capita, HDI rank, corruption, government expenditure on health, plus for tobacco only: production of tobacco and FCTC ratification date, and for alcohol only: national alcohol policy, alcohol ban, government monopoly on production, and government monopoly on sales. Each of these explanatory variables was deemed as a potentially important determinant of industry compliance (government effectiveness and government stability which were used in the correlations presented in Chapters 10 and 12 were not included as they were too highly correlated with corruption, and tobacco control budget per million population and licence required for alcohol production/sales and production of hops/wine were not included as data were not available for every country). These models were fitted in StataMP 12[580]. Coefficients (coef) are presented along with corresponding p-values (95% significance).

Determinants of compliance with individual marketing legislation

To examine the determinants of industry compliance with individual pieces of marketing legislation, logistic regression models were fitted. Analysis was restricted to countries with a ban in place, i.e. the model exploring compliance with TV advertising restrictions would only include the countries where there is a ban in place and not those where TV advertising is allowed as there would be nothing for industry to comply with. The aim was to determine if industry compliance with marketing legislation was associated with a range of factors such as country income, poor governance, government health-related funding, and the importance of the TI and AI to the national economy (as measured by tobacco production and hops/wine production respectively).

For tobacco 12 separate models were run and for alcohol nine separate models were run, one for each of the marketing types. The outcome variable for each of the logistic regression models was the level of compliance for each of the 12

(tobacco)/nine (alcohol) observed and self-reported marketing types (2 categories: good and poor), the models were each adjusted for community type, clustering by country (not used as a random effect due to lack of variation), and a range of explanatory variables; country income group, GDP per capita, HDI rank, corruption, government effectiveness, government stability, and government expenditure on health, and for tobacco only: tobacco control budget per million population, production of tobacco and FCTC ratification date, and for alcohol only: national alcohol policy, alcohol banned, government monopoly on production, government monopoly over sales, licence requires for production, licence required for sales, production of hops, and production of wine. Each of these explanatory variables was deemed as a potentially important determinant of industry compliance. However, due to high correlation between each of the explanatory variables, and despite many different combinations being attempted, the variables could not be included within the same regression models (and country income group, seen in the models in Chapter 9 and 11, could not be included due to multicollinearity). Therefore individual models had to be run for each of the explanatory variables. Due to this, the results do not control for the other explanatory variables (only community type and country).

Due to the methodological problems with the collection of data regarding the sale of single cigarettes and the existence of tobacco POS advertising (i.e. that only a single tobacco store was selected per community for investigation; see Chapter 9), these were excluded from this statistical analysis.

All of these models were fitted in StataMP 12[580]. ORs are presented along with corresponding p-values (95% significance).

Results

Determinants of overall TI compliance

Only FCTC ratification in 2006 or 2004 was a significant determinant of a country's OGCS (Table 1).

Determinants of overall AI compliance

As only five countries with bans in place were included in the model, many of the variables were removed by the model due to multicollinearity (represented by gaps in Table 2). GDP per capita, HDI rank, corruption, and having a national alcohol policy in place were significant determinants of a country's OGCS.

Table 1: coefficients for the determinants of a country's tobacco OGCS

		<u>Coef.</u>	<u>p-value</u>
Community type	Urban	1	
	Rural	0.34	0.154
Country income group	HIC	1	
	UMIC	39.36	0.801
	LMIC	39.10	0.822
	LIC	60.74	0.749
GDP per capita		0.00	0.613
HDI rank		-0.05	0.941
Corruption		-1.07	0.366
Health expenditure		6.42	0.236
Production of tobacco		-0.01	0.209
FCTC ratification date	Not ratified	1	
	2008	18.05	0.797
	2006	94.94	0.008
	2005	77.59	0.059
	2004	89.76	0.032

Table 2: coefficients for the determinants of a country's alcohol OGCS

		<u>Coef.</u>	<u>p-value</u>
Community type	Urban	1	
	Rural	0.00	0.261
Country income group	HIC		
	UMIC		
	LMIC		
	LIC		
GDP per capita		0.00	<0.001
HDI rank		-0.04	<0.001
Corruption		-0.98	<0.001
Health expenditure			
National alcohol policy	No	1	
	Yes	13.73	<0.001
Alcohol banned	No		
	Yes		
Government monopoly on production	No		
	Partial		
Government monopoly on sales	No		
	Partial		

Determinants of TI compliance with individual marketing types

Some of the variables in some of the models perfectly predicted the outcome meaning that the ORs/p-values could not be computed (represented by gaps in Table 3). Where the ORs/p-values were computed, most were not significant ($p>0.05$); only community type (observed adverts and self-reported TV, print media, and other products models), country income group (sponsorship model), HDI rank (observed adverts and self-reported posters models), government stability

(observed adverts model), tobacco control budget per million population (self-reported posters, sponsorship, and vouchers models), production of tobacco (observed adverts model), and FCTC ratification (observed adverts, self-reported posters, print media, sponsorship, and free samples models) were significant.

Determinants of AI compliance with individual marketing types

Many of the variables in each of the models perfectly predicted the outcome meaning that the ORs/p-values could not be computed (represented by gaps in Table 4). Where the ORs/p-values were computed, most were not significant ($p > 0.05$); only community type was significant and only in the observed posters and the self-reported cinema, sponsorship and internet marketing models. As there was no variation in the outcome (i.e. all countries with a ban had good compliance), the determinants of radio and free sample compliance could not be explored.

Main problems encountered

The tobacco 'OGCS' linear model ran without problem, but as there were problems with the alcohol linear model neither were presented within Chapters 10 or 12. The main problem encountered related to the fact that so few countries had any full alcohol marketing bans in place, meaning only five countries had an OGCS and could be included in the model. The main problem encountered with the individual tobacco and alcohol regulation logistic models was that few countries were included (only countries with the particular ban in place were included in each model). Partly due to this the explanatory variables were very highly correlated, meaning they could not be included within the same model. Despite many different variable combinations being attempted, there was no combination that worked for multiple models (as different countries were included in each model). Individual models therefore had to be run for individual explanatory variables, meaning models did not control for the other explanatory variables. These problems highlight the difficulty in examining TI and AI determinants of compliance.

Table 3: odds ratios for the determinants of good compliance with marketing regulations

		Observed		Self-report: traditional marketing								Self-report: non-traditional marketing									
		Adverts		Posters		TV		Radio		Print media		Sponsorship		Other products		Internet		Free samples		Vouchers	
		OR	p-value	OR	p-value	OR	p-value	OR	p-value	OR	p-value	OR	p-value	OR	p-value	OR	p-value	OR	p-value	OR	p-value
Community type	Urban	1		1		1		1		1		1		1		1		1		1	
	Rural	1.99	0.010	0.83	0.788	7.37	<0.001	1.35	0.518	0.020	0.011	0.74	0.330	0.59	<0.001	1.61	0.748	0.92	0.782	0.94	0.850
Country income group*	HIC			1								1				1					
	UMIC			12.14	0.080					1		0.35	0.562			0.07	0.221				
	LMIC			9.57	0.280					0.22	0.441	1.50	0.841			1.22	0.911				
	LIC									0.10	0.109	0.01	0.028								
GDP per capita		1.00	0.061	1.00	0.075			1.00	0.733	1.00	0.146	1.00	0.468	1.00	0.493	1.00	0.328	1.00	0.173	1.00	0.186
HDI rank		1.08	0.004	1.04	0.017			0.98	0.656	0.96	0.315	0.98	0.179	0.95	0.064	0.98	0.233	1.00	0.908	1.00	0.893
Corruption		0.93	0.215	0.97	0.347			0.96	0.397	1.13	0.088	1.03	0.366	1.08	0.180	1.03	0.362	0.99	0.544	0.99	0.663
Effectiveness		0.90	0.180	0.96	0.431			0.97	0.602	1.13	0.206	1.04	0.400	1.08	0.193	1.04	0.445	0.98	0.672	0.98	0.675
Stability		0.94	0.028	0.97	0.193			1.00	0.942	1.05	0.477	1.02	0.486	1.03	0.508	1.02	0.402	0.99	0.591	0.99	0.540
Health expenditure		0.69	0.194	0.59	0.072			0.91	0.839	1.84	0.393	1.32	0.312	1.60	0.432	1.35	0.323	0.87	0.595	0.92	0.759
TC budget/million pop**		0.89	0.223	1.00	0.009					0.75	0.339	1.00	<0.001	1.01	0.899	1.00	0.933	0.79	0.195	0.85	0.015
Production of tobacco		1.01	0.006	1.00	0.236			1.00	0.131	1.00	0.297	0.98	0.573	1.00	0.462	1.00	0.146	0.94	0.123	0.91	0.120
FCTC ratification	Not ratified																				
	2008	1		1						1		1				1		1			
	2006															0.26	0.185	0.00	<0.001		
	2005	0.00	<0.001	0.00	<0.001					0.00	<0.001	0.00	<0.001			2.60	0.615	0.00	<0.001		
	2004	0.00	<0.001	0.00	<0.001					0.00	<0.001	0.00	<0.001								

Each explanatory variable was run as a separate model, but each was adjusted for community type (urban/rural) and clustering by country.

Where there are gaps, the variable perfectly predicted the outcome meaning ORs/p-values could not be computed.

*this variable was highly correlated with compliance with observed adverts, and self-reported exposure to radio marketing and other products, free samples and vouchers outcome variables, hence no OR/p-value. Additionally LIC was highly correlated with compliance with self-reported exposure to poster marketing, and UMIC as highly correlated with compliance with self-reported exposure to print media marketing, hence no OR/p-value.

**data missing for Colombia, Malaysia and the UAE, so these countries not included in relevant models with this explanatory variable. This variable was too highly correlated with compliance with radio marketing outcome variable, hence no OR/p-value.

Table 4: odds ratios for the determinants of good compliance with marketing regulations

		Observed		Self-report: traditional marketing						Self-report: non-traditional marketing					
		Adverts		Posters		TV		Print media		Cinema		Sponsorship		Internet	
		OR	p-value	OR	p-value	OR	p-value	OR	p-value	OR	p-value	OR	p-value	OR	p-value
Community type	Urban	1		1		1				1		1		1	
	Rural	0.29	0.003	0.09	0.174	0.82	0.649			0.00	0.011	0.11	<0.001	0.27	<0.001
Country income group	HIC														
	UMIC														
	LMIC														
	LIC														
GDP per capita				1.00	0.809										
HDI rank		0.93	0.177	1.02	0.635										
Corruption				0.99	0.805										
Effectiveness				1.06	0.623										
Stability				1.02	0.692										
Health expenditure				0.68	0.569										
National alcohol policy	No									1					
	Yes									7.88	0.657				
Alcohol banned	No														
	Yes														
Government monopoly on production	No														
	Partial														
Government monopoly on sales	No														
	Partial														
Licence required for production	No														
	Partial														
	Yes														
Licence required for sales	No														
	Partial														
	Yes														
Production of hops															
Production of wine															

Notes

Each explanatory variable was run as a separate model, but each was adjusted for community type (urban/rural) and clustering by country.

Where there are gaps in the table, the variable perfectly predicted the outcome meaning ORs/p-values could not be computed.

Self-reported exposure to radio marketing and free samples are not included in this table as the outcome did not vary meaning it was not possible to determine which exposure variables were significantly associated with good compliance.

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